

Community Services Performance Contract General Requirements Document

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1. Purpose

- A. Title 37.2 of the *Code of Virginia* establishes the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department) to ensure delivery of publicly funded services and supports to individuals with mental ~~illnesses~~, health or substance use disorders or intellectual ~~disabilities~~ disability (previously identified as mental retardation), ~~or substance use disorders~~ and authorizes the Department to fund community mental health, mental retardation, and substance abuse services.
- B. Sections 37.2-500 through 37.2-511 of the *Code of Virginia* require cities and counties to establish community services boards for the purpose of providing local public mental health, mental retardation, and substance abuse services; § 37.2-600 through § 37.2-614 authorize certain cities or counties to establish behavioral health authorities that plan and provide those same local public services. In this Document, community services boards, local government departments with policy-advisory community services boards, and behavioral health authorities will be referred to as Boards or CSBs.
- C. This General Requirements Document (Document) includes or incorporates by reference ongoing statutory, regulatory, policy, and other requirements that are not expected to change frequently. This Document is incorporated into and made a part of the current Community Services Performance Contract by reference. Any substantive change in this Document, except changes in statutory, regulatory, policy, or other requirements or in other documents incorporated by reference in it, which changes are made in accordance with processes or procedures associated with those statutes, regulations, policies, or other requirements or documents, shall be made in accordance with applicable provisions of the Partnership Agreement and shall be considered to be a performance contract amendment that requires a new contract signature page, signed by both parties.

II. Joint Department and Board Requirements

- A. **General Requirements:** Boards and the Department shall comply with all applicable federal and state laws, regulations, policies, and procedures. If any laws, regulations, policies, or procedures that become effective after the issuance of this Document change requirements in it, they shall replace the applicable provisions in this Document and shall be binding upon Boards and the Department, but the Department and Boards retain the right to exercise any remedies available to them by law or applicable provisions in the community services performance contract.
- B. **Continuity of Care Procedures:** In fulfilling their respective statutory responsibilities for preadmission screening and discharge planning, Boards and the Department shall comply with State Board Policies 1035 and 1036 and with the Continuity of Care Procedures, which are contained in Appendix A of this Document.
- C. **Discharge Planning Protocols:** Boards and the Department shall comply with the most recent version of the *Discharge Planning Protocols*, which are issued by the Department and are incorporated into and made a part of this Document by reference. Boards shall provide discharge planning pursuant to § 37.2-505 or § 37.2-606 of the *Code of Virginia* and in accordance with State Board Policies 1035 and 1036, the Continuity of Care Procedures, which are contained in Appendix A of this Document, and the most recent version of the *Discharge Planning Protocols*.
- D. ~~**Procedures for Continuity of Care Between Boards and State Hospitals:** Boards and the Department shall comply with the *Procedures for Continuity of Care Between Community Services Boards and State Psychiatric Facilities* that were issued on February 3, 1997, and are incorporated into and made a part of this Document by reference.~~

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- E. Discharge Assistance Project Procedures:** Boards, if they participate in any Discharge Assistance Project (DAP) funded by the Department, and the Department shall adhere to provisions of the DAP Procedures in Appendix B of this Document.

III. Board Requirements

A. State Requirements

1. **General State Requirements:** Boards shall comply with applicable state statutes and regulations, State Mental Health, Mental Retardation and Substance Abuse Services Board regulations and policies, and Department procedures including:
 - a. Community Services Boards, § 37.2-500 through § 37.2-512 or Behavioral Health Authorities, § 37.2-600 through § 37.2-615 of the *Code of Virginia*;
 - b. State and Local Government Conflict of Interests Act, § 2.2-3100 through § 2.2-3127 of the *Code of Virginia*;
 - c. Virginia Freedom of Information Act, § 2.2-3700 through § 2.2-3714 of the *Code of Virginia*, including its notice of meeting and public meeting provisions;
 - d. Government Data Collection and Dissemination Practices Act, § 2.2-3800 through § 2.2-3809 of the *Code of Virginia*;
 - e. Virginia Public Procurement Act, § 2.2-4300 through § 2.2-4377 of the *Code of Virginia*;
 - f. Early Intervention Services System, § 2.2-5300 through § 2.2-5308 of the *Code of Virginia*, if a Board receives early intervention (Part C) state funds;
 - g. Chapter 8 (Admissions and Dispositions) and other applicable provisions of Title 37.2 and other titles of the *Code of Virginia*; and
 - h. Applicable provisions of the current Appropriation Act.
2. **Continuity of Care:** Section 37.2-500 or 37.2-601 of the *Code of Virginia* requires each Board to function as the single point of entry into publicly funded mental health, mental retardation, and substance abuse services. The Board fulfills this function for any person who is located in the Board's service area and needs mental health, mental retardation, or substance abuse services.
3. **Preadmission Screening:** Boards shall provide preadmission screening services pursuant to § 37.2-505 or § 37.2-606, § 37.2-805, § 37.2-809 through § 37.2-813, and § 37.2-814 and § 16.1-335 et seq. of the *Code of Virginia* and in accordance with the Continuity of Care Procedures for any person who ~~is located~~ lives in a Board's service area.
4. **Discharge Planning:** Boards shall provide discharge planning pursuant to § 37.2-505 or § 37.2-606 of the *Code of Virginia* and in accordance with the Continuity of Care Procedures and the most recent version of the *Discharge Planning Protocols*.
5. **Protection of Consumers**
 - a. **Human Rights:** Boards shall comply with the current *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services* (the Human Rights Regulations) adopted by the State Mental Health, Mental Retardation and Substance Abuse Services Board. In the event of a conflict between any of the provisions of this Document and provisions in the Human Rights Regulations, the applicable provisions of the Human Rights Regulations shall apply. Boards shall cooperate with any Department investigation of allegations or complaints of human rights violations, including providing any information needed for the investigation as required under state law and as permitted under 45 CFR § 164.512 (d) in as expeditious a manner as possible.

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- b. Consumer Disputes:** The filing of a complaint or the use of the informal dispute resolution mechanism in the Human Rights Regulations by a consumer or his family member or authorized representative shall not adversely affect the quantity, quality, or timeliness of services provided to that consumer unless an action that produces such an effect is based on clinical or safety considerations and is documented in the consumer's individualized services plan (ISP).
- c. Consumer Dispute Resolution Mechanism:** Boards shall develop their own procedures for satisfying requirements in § 37.2-504 or § 37.2-605 of the *Code of Virginia* for a local consumer dispute resolution mechanism.

6. Financial Management Requirements, Policies, and Procedures

- a. Generally Accepted Accounting Principles:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, the Board's financial management and accounting system must operate and produce financial statements and reports in accordance with Generally Accepted Accounting Principles. It must include necessary personnel and financial records and a fixed assets system. It must provide for the practice of fund accounting and adhere to cost accounting guidelines issued by the Department.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory board, the Board shall comply with local government financial management requirements, policies, and procedures. If the Department receives any complaints about the Board's financial management operations, the Department will forward these complaints to the local government and any other appropriate authorities. In response to those complaints, the Department may conduct a review of that Board's financial management activities.

- b. Accounting:** Boards shall account for all service and administrative expenses accurately and submit timely reports to the Department to document these expenses. Boards shall comply with the Uniform Cost Report Manual issued by the Department, pursuant to § 37.2-508 or § 37.2-608 of the *Code of Virginia*, when submitting reports to the Department in accordance with requirements contained in the Community Services Performance Contract.
- c. Annual Independent Audit:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, the Board shall obtain an independent annual audit conducted by certified public accountants. Audited financial statements shall be prepared in accordance with generally accepted accounting principles (GAAP). The appropriate GAAP basis financial reporting model is the Enterprise Fund in accordance with the requirements of Governmental Accounting Standards Board (GASB) Statement Number 34, *Basic Financial Statements- and Management's Discussion and Analysis- for State and Local Governments*. GASB 34 replaces the previous financial reporting model *Health Care Organizations Guide*, produced by the American Institute of Certified Public Accountants. Copies of the audit and the accompanying management letter must be provided to the Office of Budget and Financial Reporting in the Department and to each local government that established the Board. Boards shall, to the extent practicable, obtain unqualified audit opinions. Deficiencies and exceptions noted in an audit or

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management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board and the Department.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory board, the Board shall be included in the annual audit of its local government. Copies of the applicable portions of the accompanying management letter must be provided to the Office of Budget and Financial Reporting in the Department. Deficiencies and exceptions noted in a management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board, its local government(s), and the Department.

If an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or a local government department with a policy-advisory board obtains a separate independent annual audit conducted by certified public accountants, audited financial statements shall be prepared in accordance with generally accepted accounting principles. The appropriate GAAP basis financial reporting model is the Enterprise Fund in accordance with the requirements of Governmental Accounting Standards Board (GASB) Statement Number 34, *Basic Financial Statements- and Management's Discussion and Analysis- for State and Local Governments*. GASB 34 replaces the previous financial reporting model *Health Care Organizations Guide*, produced by the American Institute of Certified Public Accountants. The local government will determine the appropriate fund classification in consultation with its certified public accountant. Copies of the audit and the accompanying management letter must be provided to the Office of Budget and Financial Reporting and to each local government that established the Board. Boards shall, to the extent practicable, obtain unqualified audit opinions. Deficiencies and exceptions noted in an audit or management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board and the Department.

- d. Federal Audit Requirements:** When the Department subgrants federal grants to a Board, all federal government audit requirements must be satisfied.
- e. Subcontractor Audits:** Every Board shall obtain, review, and take any necessary actions on audits, which are required by the Financial Management Standards for Community Services Manual issued by the Department, of any subcontractors that provide services that are procured under the Virginia Public Procurement Act and included in a Board's performance contract. The Board shall provide copies of these audits to the Office of Budget and Financial Reporting in the Department.
- f. Bonding:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, Board employees with financial responsibilities shall be bonded in accordance with local financial management policies.
- g. Fiscal Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board's written fiscal policies and procedures shall conform to applicable State Board policies and Departmental policies and procedures, contained in the Financial Management Standards for Community Services Manual issued by the Department.

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- h. Financial Management Manual:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board shall be in material compliance with the requirements in the current Financial Management Standards for Community Services Manual issued by the Department.
- i. Local Government Approval:** Boards shall submit their performance contracts to the local governments in their service areas for review and approval, pursuant to § 37.2-508 or § 37.2-608 of the *Code of Virginia*, which requires approval of the contracts by September 30. Boards shall submit their contracts to the local governing bodies of the cities and counties that established them in accordance with the schedules determined by those governing bodies or at least 15 days before meetings at which the governing bodies are scheduled to consider approval of their contracts. Unless prohibited from doing so by its local government(s), a Board may submit its contract to the Department before it is approved by its local government(s).
- j. Department Review:** If a Board is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, the Department may conduct a review of the Board's financial management activities at any time. While it does not conduct routine reviews of the Board's financial management activities, the Department may conduct a review in response to significant deficiencies, irregularities, or problems identified in the Board's independent annual audit or management letter or in response to complaints or information that it receives. Boards shall submit formal plans of correction to the Office of Budget and Financial Reporting in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory board, the Department may conduct a review of a Board's financial management activities at any time in order to fulfill its responsibilities for federal sub-recipient (Board) monitoring requirements under the Single Audit Act (OMB Circular A-133). While it does not conduct routine reviews of the Board's financial management activities, the Department may conduct a review in response to significant deficiencies, irregularities, or problems identified in the Board's audit or management letter or in response to complaints or information that it receives. Such reviews shall be limited to sub-recipient monitoring responsibilities in Subpart D.400 of the Single Audit Act associated with receipt of federal funds by the Board. Boards shall submit formal plans of correction to the Office of Budget and Financial Reporting in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

- k. Balances of Unspent Funds:** In calculating amounts of unspent state funds, the Department shall prorate balances of unexpended unrestricted funds after the close of the fiscal year among unrestricted state funds, local matching funds, and fee revenues, based on the relative proportions of those revenues received by the

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Board. This normally will produce identified balances of unrestricted state funds, local matching funds, and fee revenues, rather than just balances of unrestricted state funds. Restricted state funds, such as Programs of Assertive Community Treatment (PACT) and Discharge Assistance Projects (DAP), shall be accounted for separately, given their restricted status, and the Department shall identify balances of unexpended restricted state funds separately.

7. Procurement Requirements, Policies, and Procedures

- a. Procurement Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, a Board shall have written procurement policies and procedures in effect that address internal procurement responsibilities, small purchases and dollar thresholds, ethics, and disposal of surplus property. Written procurement policies and procedures relating to vendors shall be in effect that address how to sell to the Board, procurement, default, and protests and appeals. All written policies and procedures must conform to the Virginia Public Procurement Act and the current Community Services Procurement Manual issued by the Department.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government procurement requirements, policies, and procedures or it is a local government department with a policy-advisory board, a Board shall comply with its local government's procurement requirements, policies, and procedures, which must conform to the Virginia Public Procurement Act. If the Department receives any complaints about the Board's procurement operations, the Department will forward these complaints to the local government and any other appropriate authorities. In response to those complaints, the Department may conduct a review of that Board's procurement activities.

- b. Procurement Manual:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, a Board shall be in material compliance with the requirements contained in the current Community Services Procurement Manual issued by the Department.
- c. Department Review:** If a Board is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, the Department may conduct a review of the Board's procurement activities at any time. While it does not conduct routine reviews of the Board's procurement activities, the Department may conduct a review in response to significant deficiencies, irregularities, or problems identified in the Board's independent annual audit or management letter or in response to complaints or information that it receives. The review will include a sampling of Board subcontracts. Boards shall submit formal plans of correction to the Office of Administrative Services in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

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8. Reimbursement Requirements, Policies, and Procedures

- a. **Reimbursement System:** Each Board's reimbursement system shall comply with § 37.2-504, § 37.2-511, § 37.2-605, § 37.2-612, and § 20-61 of the *Code of Virginia* and State Board Policy 6002 (FIN) 86-14. Its operation must be described in organizational charts identifying all staff members, flow charts, and specific job descriptions for all personnel involved in the reimbursement system.
- b. **Policies and Procedures:** Written fee collection policies and procedures shall be adequate to maximize revenues from consumers and responsible third party payors.
- c. **Schedule of Charges:** A schedule of charges shall exist for all services that are included in the Performance Contract, shall be related reasonably to the cost of the services, and shall be applicable to all recipients of the services.
- d. **Ability to Pay:** A method, approved by a Board's board of directors, that complies with applicable state and federal regulations shall be used to evaluate the ability of each consumer to pay fees for the services he or she receives.
- e. **Reimbursement Manual:** Boards shall be in material compliance with the requirements in the current Community Services Reimbursement Manual issued by the Department.
- f. **Department Review:** While it does not conduct routine reviews of the Board's reimbursement activities, the Department may conduct a review at any time in response to significant deficiencies, irregularities, or problems identified in the Board's independent annual audit or management letter or in response to complaints or information that it receives. Boards shall submit formal plans of correction to the Office of Cost Accounting and Reimbursement in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.
- g. **Medicaid and Medicare Regulations:** Boards shall comply with applicable federal and state Medicaid and Medicare regulations, policies, procedures, and provider agreements. Medicaid non-compliance issues identified by Department staff will be communicated to the Department of Medical Assistance Services.

9. Human Resource Management Requirements, Policies, and Procedures

- a. **Statutory Requirements:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board shall operate a human resource management program that complies with state and federal statutes, regulations, and policies. When its executive director position becomes vacant, a Board shall provide to the Office of Community Contracting in the Department a current position description and salary range and the advertisement for the position for review, pursuant to § 37.2-504 or § 37.2-605 of the *Code of Virginia*. This review does not include Department approval of the selection or employment of a particular candidate for the position. In accordance with § 37.2-504 or § 37.2-605 of the *Code of Virginia*, if it is an operating board or a behavioral health authority, a Board shall employ its executive director under an annually renewable contract that contains performance objectives and evaluation criteria. A Board shall provide a copy of this employment contract to the Department upon request.

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If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory board, a Board shall be part of a human resource management program that complies with state and federal statutes, regulations, and policies. When its executive director position becomes vacant, a Board shall provide to the Office of Community Contracting in the Department a current position description and the advertisement for the position for review, pursuant to § 37.2-504 of the *Code of Virginia*. This review does not include Department approval of the selection or employment of a particular candidate for the position.

- b. Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board's written human resource management policies and procedures must include a classification plan and uniform employee pay plan and must address benefits, progressive discipline (standards of conduct), professional conduct, employee ethics, compliance with the state Human Rights Regulations and the Board's local human rights policies and procedures, conflicts of interest, employee performance evaluation, equal employment opportunity, employee grievances, hours of work, leave, outside employment, recruitment and selection, transfer and promotion, termination and layoff, travel, initial employee orientation, examinations, employee to executive director and board of directors contact protocol, and on-the-job expenses.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory board, a Board shall adhere to its local government's human resource management policies and procedures.

- c. Job Descriptions:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board must have written, up-to-date job descriptions for all positions. Job descriptions must include identified essential functions, explicit responsibilities, and qualification statements, expressed in terms of knowledges, skills, and abilities as well as business necessity and bona fide occupational qualifications or requirements.
- d. Grievance Procedure:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board's grievance procedure must satisfy § 15.2-1506 or § 15.2-1507 of the *Code of Virginia*.
- e. Uniform Pay Plan:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board must adopt a uniform pay plan in accordance with § 15.2-1506 of the *Code* and the Equal Pay Act of 1963.
- f. Department Review:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, employee complaints regarding a Board's human resource management practices will be referred back to the Board for

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appropriate local remedies. The Department may conduct a human resource management review to ascertain a Board's compliance with performance contract requirements and assurances, based on complaints or other information received about a Board's human resource management practices. If a review is done and deficiencies are identified, a Board shall submit a formal plan of correction to the Office of Human Resource Management and Development in the Department within 45 days of receipt of an official report of a review. Minor compliance issues must be corrected within 45 days of submitting the plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting the plan, unless the Department grants an extension.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory board, employee complaints regarding a Board's human resource management practices will be referred back to the local government for appropriate local remedies. In response to complaints that it receives, the Department may conduct a review of the local government's human resource management practices at any time.

10. Information Technology Capabilities and Requirements: Boards shall meet the following requirements.

- a. Hardware and Software Procurement:** Any hardware and software purchased by a Board with state or federal funds shall be capable of addressing requirements established by the Department, including communications, compatibility, and network protocols and the reporting requirements in the Performance Contract. Such procurements may be subject to review and approval by the Office of Information Technology Services in the Department.
- b. Operating Systems:** Boards shall use or have access to operating systems that are compatible with or are able to communicate with the Department's network. A Board's computer network or system must be capable of supporting and running the Department's Community Automated Reporting System (CARS-ACCESS) software and the current version of the Community Consumer Submission (CCS) extract software and should be capable of processing and reporting standardized aggregate and individual consumer, service, outcome, and financial information based on documents and requirements listed in the Performance Contract.
- c. Electronic Communication:** Boards shall ensure that their information systems communicate with those used by the Department and that this communication conforms to the security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This communication shall provide file and data exchange capabilities for automated routines and access to legally mandated systems via the TCP/IP networking protocol.
- d. Data Access:** Boards shall develop and implement or access automated systems that allow for output of fiscal, service, and consumer data, taking into consideration the need for appropriate security and confidentiality. Output shall be in a format prescribed by the Department. In addition to regular reports, such data may be used to prepare ad hoc reports on consumers and services and to update Department files using this information. Boards shall ensure that their information systems meet all applicable state and federal confidentiality, privacy, and security requirements, particularly concerning the distribution of identifying information, diagnosis, service history, and service use and that their information systems are compliant with HIPAA.

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11. Licensing: Boards shall comply with the current licensing regulations adopted by the State Board. Boards shall establish systems to ensure ongoing compliance with applicable licensing regulations. Results of licensing reviews, including scheduled reviews, unannounced visits, and complaint investigations, shall be provided to all members of a Board in a timely manner.

12. Quality of Care

a. Individualized Services Plan (ISP)

- 1) Assessment:** Each consumer shall receive an assessment appropriate to his or her needs that a) includes, where appropriate, consideration of co-occurring mental illness, intellectual disabilities, or substance use disorder, b) is consistent with the Department's licensing regulations, and c) is performed by an individual with appropriate clinical training. The assessment and the development of the ISP shall be completed within time periods specified in the applicable Medicaid or Departmental licensing regulations. After the initial assessment, the consumer shall be referred to a qualified service provider for treatment appropriate to his or her condition or needs.
- 2) Service Planning:** Boards shall develop and implement a written ISP for each consumer who is admitted that is appropriate to his or her needs and the scope of the services required and reflects current acceptable professional practice. This ISP shall include an assessment of level of functioning, treatment goals, and all services and supports needed, whether delivered by a Board, its subcontractors, or other providers. Assessment tools and ISP formats used by the Board shall be consistent with Department requirements.
- 3) Plan Implementation:** The implementation of the ISP shall be documented and the ISP shall be reviewed within the time periods specified in applicable Medicaid or Departmental licensing regulations, or for unlicensed services, except motivational treatment, consumer monitoring, assessment and evaluation, early intervention, or consumer-run services as defined in the current Core Services Taxonomy and in which an ISP is not required, at least every six months or more often as indicated by the consumer's level of functioning. Discharge planning and discharge from services shall be consistent with the ISP or the program's criteria for discharge.

13. Planning

- a. General Planning:** Boards shall participate in collaborative local and regional service and management information systems planning with state facilities, other Boards, other public and private human services agencies, and the Department, as appropriate. In accordance with § 37.2-504 or § 37.2-605 of the *Code of Virginia*, Boards shall provide input into long-range planning activities that are conducted by the Department, including the Comprehensive State Plan required by § 37.2-315 of the *Code of Virginia*. Boards shall report unduplicated community waiting list information to the Department when required for the Comprehensive State Plan update. Boards shall work with local prevention planning bodies composed of representatives of multiple systems and groups to develop community-based prevention plans based on assessed needs and resources and submit annual Community Prevention Plan reports to the Department.
- b. Participation in State Facility Planning Activities:** Boards shall participate in collaborative planning activities with the Department to the greatest extent possible regarding the future role and structure of the state facilities that it operates.

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14. Interagency Relationships

- a. Pursuant to the case management requirements of § 37.2-500 or § 37.2-601 of the *Code of Virginia*, Boards shall, to the extent practicable, develop and maintain linkages with other community and state agencies and facilities that are needed to assure that their consumers are able to access the treatment, training, rehabilitative, and habilitative mental health, mental retardation, and substance abuse services and supports identified in their individualized services plans. Boards shall comply with the provisions of § 37.2-504 or § 37.2-605 of the *Code of Virginia* regarding interagency agreements.
- b. Boards also shall develop and maintain, in conjunction with the courts having jurisdiction in the cities and counties served by the Boards, cooperative linkages that are needed to carry out the provisions of § 37.2-805 through § 37.2-821 and related sections of the *Code* pertaining to the involuntary admission process.
- c. Boards shall develop and maintain the necessary linkages, protocols, and interagency agreements to effect the provisions of the Comprehensive Services Act for At-Risk Youth and Families (§ 2.2-5200 through § 2.2-5214 of the *Code of Virginia*) and Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq. and § 2.2-5300 through § 2.2-5308 of the *Code of Virginia*) that relate to services that they provide. Pursuant to § 2.2-5305 and § 2.2-5306 of the *Code of Virginia*, a Board shall provide information to the Local Interagency Coordinating Council of which it is a member that is necessary to satisfy state and federal requirements about Part C services that it provides directly to Part C-eligible individuals. Nothing in this Document shall be construed as requiring Boards to provide services related to these acts in the absence of sufficient funds and interagency agreements.

- 15. Providing Information:** Boards shall provide any information requested by the Department that is related to performance of or compliance with the Performance Contract in a timely manner, considering the type, amount, and availability of the information requested. The provision of information shall comply with applicable laws and regulations governing the confidentiality, privacy, and security of information regarding individuals receiving services from Boards.

16. Forensic Services

- a. Upon receipt of a court order pursuant to § 19.2-169.2 of the *Code of Virginia*, a Board shall provide or arrange for the provision of services to restore the individual to competency to stand trial. These services shall be provided in the local or regional jail, juvenile detention center (when a juvenile is being tried as an adult), or other location in the community where the individual is currently located. These services shall include treatment and restoration services, emergency services, assessment services, the provision of medications and medication management services, and other services that may be needed by the individual in order to restore him to competency and to prevent his admission to a state hospital for these services.
- b. Upon written notification from a state facility that an individual hospitalized for treatment for restoration to competency pursuant to § 19.2-169.2 of the *Code of Virginia* has been restored to competency and is being discharged back to the community, a Board shall to the greatest extent possible provide or arrange for the provision of services in the local or regional jail, juvenile detention center (when a juvenile is being tried as an adult), or other location in the community where the individual is located to that individual to ensure the maintenance of his psychiatric stability and competency to stand trial. Services shall include

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treatment and restoration services, emergency services, assessment services, the provision of medications and medication management services, and other services which may be needed by the individual in order prevent his readmission to a state hospital for these services.

- c. Upon receipt of a court order pursuant to § 16.1-356 of the *Code of Virginia*, a Board shall perform a juvenile competency evaluation. Upon receipt of a court order pursuant to § 16.1-357, a Board shall provide services to restore a juvenile to competency to stand trial through the Department's statewide contract.
- d. Upon receipt of a court order, a Board shall provide or arrange for the provision of forensic evaluations required by local courts in the community, in accordance with State Board Policy 1041.
- e. Forensic evaluations and treatment shall be performed on an outpatient basis unless the results of an outpatient evaluation indicate that hospitalization is necessary. A Board shall consult with local courts in placement decisions for hospitalization of forensic consumers based upon evaluation of the individual's clinical condition, need for a secure environment, and other relevant factors. A Board's staff shall conduct an assessment of risk to provide information to the Commissioner for the determination of whether a forensic consumer in need of hospitalization requires placement in a civil facility or a secure facility. A Board's staff will contact and collaborate with the Forensic Coordinator of the state hospital that serves the Board in making this determination. A Board's assessment shall include those items required prior to admission to a state hospital, per the Continuity of Care Procedures in Appendix A of this Document.
- f. Each Board shall designate a Forensic Admissions Coordinator, a Forensic Evaluation Coordinator, and an NGRI Coordinator to collaborate with the local courts, the forensic staff of state facilities, and the Department. Each Board shall notify the Department's Director of Forensic Services of the name, title, and contact information of these designees and shall inform the Director of any changes in these designations. Each Board shall ensure that designated staff complete the forensic training necessary to maintain forensic certification.
- g. Boards shall provide discharge planning for persons found not guilty by reason of insanity. Pursuant to § 19.2-182.2 through § 19.2 -182.7, and § 19.2-182.11 of the *Code of Virginia*, a Board shall provide discharge planning, collaborate with the state facility staff in preparing conditional release plans, implement the court's conditional release orders, and submit written reports to the court on the person's progress and adjustment in the community no less frequently than every six months for acquittees who have been conditionally released to a locality served by the Board. A Board should provide to the Department's Director of Forensic Services written monthly reports on the person's progress and adjustment in the community for their first 12 continuous months in the community for acquittees who have been conditionally released to a locality served by the Board and copies of court orders regarding acquittees on conditional release.
- h. If a forensic consumer does not meet the criteria for admission to a state hospital, his psychiatric needs should be addressed in the local jail, prison, detention center, or other correctional facility in collaboration with local treatment providers.

- 17. Access to Services for Individuals who are Deaf, Hard of Hearing, Late Deafened, or Deafblind:** The Board should identify and develop a working relationship with the Regional Deaf Services Program and the Regional Deaf Services Coordinator that serve the Board's service area and collaborate with them

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on the provision of appropriate, linguistically and culturally competent services, consultation, and referral for individuals who are deaf, hard of hearing, late deafened, or deafblind.

18. Subcontracting: A subcontract means a written agreement between a Board and another party under which the other party performs any of the Board's obligations. Subcontracts, unless the context or situation supports a different interpretation or meaning, also may include agreements, memoranda of understanding, purchase orders, contracts, or other similar documents for the purchase of services or goods by a Board from another organization or agency or a person on behalf of an individual consumer. A subcontract does not include employment of staff by a Board through contractual means.

a. Subcontracts: The written subcontract must, as applicable and at a minimum, state the activities to be performed, the time schedule and duration, the policies and requirements that are applicable to the subcontractor, the maximum amount of money for which a Board may become obligated, and the manner in which the subcontractor will be compensated, including payment time frames. Subcontracts shall not contain provisions that require a subcontractor to make payments or contributions to a Board as a condition of doing business with the Board. A Board shall not include, assess, or otherwise allocate its own administrative expenses in its contracts with subcontractors.

b. Subcontractor Compliance: A Board shall require that its subcontractors comply with the requirements of all applicable federal and state statutes, regulations, and policies that affect or are applicable to the services included in its Performance Contract. A Board shall require that any agency, organization, or individual with which it intends to subcontract services that are included in its Performance Contract is fully qualified and possesses and maintains current all necessary licenses or certifications from the Department and other applicable regulatory entities before it enters into the subcontract and places consumers in the subcontracted service. A Board shall require all subcontractors that provide services to consumers and are licensed by the Department to maintain compliance with the Human Rights Regulations adopted by the State Board. A Board shall, to the greatest extent practicable, require all other subcontractors that provide services purchased by that Board for consumers and are not licensed by the Department to develop and implement policies and procedures that comply with the Board's human rights policies and procedures or to allow the Board to handle allegations of human rights violations on behalf of the Board's consumers who are receiving services from such subcontractors. When a Board funds providers such as family members, neighbors, consumers, or other individuals to serve consumers, the Board may comply with these requirements on behalf of those providers, if both parties agree.

c. Subcontractor Dispute Resolution: Boards shall include contract dispute resolution procedures in their contracts with subcontractors.

d. Quality Improvement Activities: Boards shall, to the extent practicable, incorporate specific language in their subcontracts regarding their quality improvement activities. Each vendor that subcontracts with a Board should have its own quality improvement system in place or should participate in the Board's quality improvement program.

B. Federal Requirements

1. General Federal Compliance Requirements: Boards shall comply with all applicable federal statutes, regulations, policies, and other requirements; including

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applicable provisions of the federal Mental Health Services Block Grant (CFDA 93.958) and the federal Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959) Requirements contained in Appendix C of this Document, and:

- a. the Federal Immigration Reform and Control Act of 1986;
- b. applicable provisions of Public Law 105-17, Part C of the Individuals with Disabilities Education Act, if a Board receives federal early intervention (Part C) funds; and
- c. Confidentiality of Alcohol and Substance Abuse Records, 42 C.F.R. Part 2.

Non-federal entities, including Boards, expending \$500,000 or more in a year in federal awards shall have a single or program-specific audit conducted for that year in accordance with Office of Management and Budget Circular A-133.

Boards shall prohibit the following acts by themselves, their employees, and agents performing services for them:

- a. the unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol or other drugs; and
- b. any impairment or incapacitation from the use of alcohol or other drugs (except the use of drugs for legitimate medical purposes).

2. Disaster Response and Emergency Service Preparedness Requirements:

Boards agree to comply with section 416 of Public Law 93-288 and § 44-146.13 through § 44-146.28 of the *Code of Virginia* regarding disaster response and emergency service preparedness. Section 416 of P.L. 93-288 authorizes the State Office of Emergency Services to require the Department to comply with the *Commonwealth of Virginia Emergency Operations Plan, Volume 2, Emergency Support Function No. 8: Health and Medical Services, Section 4: Emergency Mental Health Services*. Section 4 requires Boards to comply with Department directives coordinating disaster planning, preparedness, and response to emergencies and to develop procedures for responding to major disasters. These procedures must address:

- a. conducting preparedness training activities;
- b. designating staff to provide counseling;
- c. coordinating with state facilities and local health departments or other responsible local agencies, departments, or units in preparing Board all hazards disaster plans;
- d. providing crisis counseling and support to local agencies, including volunteer agencies;
- e. negotiating disaster response agreements with local governments and state facilities; and
- f. identifying community resources.

3. Federal Certification Regarding Lobbying for the Mental Health and Substance Abuse Prevention and Treatment Block Grants: Boards certify, to the best of their knowledge and belief, that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of the Board, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.

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- b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the Board shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- c. The Board shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 or more than \$100,000 for each failure.

C. State and Federal Requirements

1. **Employment Anti-Discrimination:** Boards certify that they will conform to the applicable provisions of Title VII of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Act of 1974, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act of 1990, the Virginians With Disabilities Act, the Virginia Fair Employment Contracting Act, the Civil Rights Act of 1991, regulations issued by Federal Granting Agencies, and other applicable statutes and regulations, including § 2.2-4310 of the *Code of Virginia*. Boards agree as follows.
 - a. Boards will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Board. Boards agree to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - b. Boards, in all solicitations or advertisements for employees placed by or on behalf of themselves, will state that they are equal opportunity employers.
 - c. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting these requirements.
2. **Service Delivery Anti-Discrimination:** Boards certify that they will conform to the applicable provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, the Virginians With Disabilities Act, the Civil Rights Act of 1991, regulations issued by the U.S. Department of Health and Human Services pursuant thereto, other applicable statutes and regulations, and paragraphs a and b below.
 - a. Services operated or funded by Boards have been and will continue to be operated in such a manner that no person will be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under such services on the grounds of race, religion, color, national origin, age, gender, or disability.

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- b. Boards and their direct and contractual services will include these assurances in their services policies and practices and will post suitable notices of these assurances at each of their facilities in areas accessible to consumers.
- c. Boards will periodically review their operating procedures and practices to insure continued conformance with applicable statutes, regulations, and orders related to non-discrimination in service delivery.

IV. Department Requirements

A. State Requirements

1. **Human Rights:** The Department shall operate the statewide human rights system described in the current Human Rights Regulations, monitor compliance with the human rights requirements in those regulations, and conduct reviews and investigations referenced in the Regulations. The Department's human rights staff shall be available on a daily basis, including weekends and holidays, to receive reports of allegations of violations of a consumer's human rights.
2. **Licensing:** The Department shall license programs and services that meet the requirements of the current Licensing Regulations and conduct licensing reviews in accordance with the provisions of those regulations. The Department shall respond in a timely manner to issues raised by a Board regarding its efforts to coordinate and monitor services provided by independent providers licensed by the Department.
3. **Policies and Procedures:** The Department shall revise, update, and provide to Boards copies of the uniform cost report, financial management, procurement, and reimbursement manuals cited in sections III.A.6, 7, and 8 of this Document. The Department shall provide or otherwise make available to Boards copies of relevant regulations and policies adopted by the State Mental Health, Mental Retardation and Substance Abuse Services Board.
4. **Reviews:** The Department shall review and take appropriate action on audits submitted by a Board in accordance with the provisions of this Document. The Department may conduct procurement, financial management, reimbursement, and human resource management reviews of a Board's operations, in accordance with provisions in section III of this Document.
5. **Planning:** The Department shall conduct long-range planning activities related to state facility and community services, including the preparation and dissemination of the Comprehensive State Plan required by § 37.2-315 of the *Code of Virginia*.
6. **Information Technology:** The Department shall operate and provide technical assistance and support, to the extent practicable, to Boards about the CARS-~~ACCESS~~ information system and the Community Consumer Submission (CCS) software referenced in the Performance Contract and comply with State Board Policies 1030 and 1037. The Department shall operate the FIMS and the KIT Prevention System referenced in the Performance Contract. The Department shall develop and implement communication, compatibility, and network protocols in accordance with the provisions in section III of this Document. Pursuant to § 37.2-504 and § 37.2-605 of the *Code of Virginia*, the Department shall implement procedures to protect the confidentiality of data accessed in accordance with the Performance Contract and this Document. The Department shall ensure that any software application that it issues to Boards for reporting purposes associated with the Performance Contract has been field tested by a reasonable number of Boards to assure compatibility and functionality with the major IT systems used by Boards, is operational, and is provided to Boards sufficiently in advance of reporting deadlines to allow Boards to install and run the software application.

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- 7. Providing Information:** The Department shall provide any information requested by Boards that is related to performance of or compliance with the Performance Contract in a timely manner, considering the type, amount, and availability of the information requested.
- 8. Licensing Review Protocol for CARF-Accredited Board Outpatient and Day Support Services:** The Department and Boards with directly operated programs that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) have agreed to the following provisions, pursuant to the Partnership Agreement and in accordance with applicable requirements of the *Code of Virginia* and associated regulations.
- a. The Department's Office of Licensing shall accept CARF surveys as a review of regulation compliance for those licensing regulations or standards that are the same for outpatient and day support services at Boards that have triennial licenses for these services. These regulations or standards are identified in the crosswalk between the licensing regulations and CARF standards that follows this section (IV.A.8).
 - b. The Office of Licensing shall accept the CARF review of compliance for the administrative, human resource, record management, and physical plant licensing regulations that also are covered by CARF regulations for outpatient and day support services.
 - c. Boards that are accredited by the CARF shall provide the results of CARF surveys to the Office of Licensing. These results shall be public documents.
 - d. The Office of Licensing shall conduct annual unannounced focused reviews as required by the *Code of Virginia* on specific areas of risk and on areas not covered by CARF standards, which may include emergency services in outpatient services, case management services licensed under the outpatient license, medication administration, review of incidents, or areas cited for deficiencies as a result of complaints or in previous surveys.
 - e. The Office of Licensing shall continue to access the same documents, records, staff, and consumers that it needs to access to conduct inspections and complaint investigations.
 - f. When practicable, the Office of Licensing shall issue triennial licenses to coincide with CARF accreditations.
 - g. New services implemented by a Board shall not be subject to these provisions until they achieve triennial licensing status.
 - h. The Office of Licensing shall conduct complaint investigations. Boards shall continue to report serious injuries to or deaths of consumers and allegations of abuse or neglect to the Department. The Offices of Licensing and Human Rights shall review these reports to ensure that reporting continues as required by applicable provisions of the *Code of Virginia* and associated human rights and licensing regulations.
 - i. Should multiple or serious violations be identified as a result of an investigation or inspection or the Department reduces a license in one of these services, full inspections by the Office of Licensing of all licensing regulations shall resume.

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Crosswalk Between Licensing Regulations and 2008 CARF Standards		
No.	Department Licensing Standard	2008 CARF Standard
	Ch. 105, Part I. General Provisions	
	Ch. 105, Part II. Licensing Process	
	Ch. 105, Part III. Administrative Services	
140	License Availability	
150	Compliance with Laws, Regulations, and Policies	Sec. 1, E.1-2
160	Reviews by Department; Request for Information	Sec. 1, E.1
170	Corrective Action Plan	
180	Notification of Changes	
190	Operating Authority, Governing Body, and Organizational Structure	Sec. 1, A.1, A.2, A.6, A.8
200	Appointment of Administrator	Sec. 1, A.1
210	Fiscal Accountability	Sec. 1, C.1, F.1-6, F.9-10, M.3
220	Indemnity Coverage	Sec. 1, G.2
230	Written Fee Schedule	Sec. 1, F.8
240	Policy/Funds of Individuals Receiving Services	Sec. 1, F.11
250	Deceptive or False Advertising	Sec. 1, A.4
260	Building Inspection and Classification	Sec. 1, H.1, H.11
270	Building Modifications	
280	Physical Environment	Sec. 1, H.1
290	Food Service Inspections	Sec. 1, H.1
300	Sewer and Water Inspections	Sec. 1, H.1
310	Weapons	Sec. 1, H.19
320	Fire Inspections	Sec. 1, H.11, H.15
330	Beds	Sec. 3, U.4
340	Bedrooms	Sec. 3, U.4
350	Condition of Beds	
360	Privacy	Sec. 3, U.4
370	Ratios of Toilets, Basins, Showers or Baths	
380	Lighting	
390	Confidentiality and Security Personnel Records	Sec. 1, K.7-8
400	Criminal Registry Checks	Sec. 1, I.2
410	Job Description	Sec. 1, I.4-5
420	Qualifications of Employees or Contractors	Sec. 1, I.4-5, I.8-9
430	Employee or Contractor Personnel Records	Sec. 1, I.10, K.8
440	Orientation of New Employees, Contractors, Volunteers, and Students	Sec. 1, H.4, I.4, I.6, I.10-11
450	Employee Training & Development	Sec. 1, H.4, H.16, I.4, I.8, I.11; Sec. 2, A.4
460	Emergency Medical or First Aid Training	Sec. 1, H.4, H.6
470	Notification of Policy Changes	Sec. 1, I.8
480	Employee or Contractor Performance Evaluation	Sec. 1, I.4-6
490	Written Grievance Policy	Sec. 1, I.7
500	Students and Volunteers	Sec. 1, I.6
510	Tuberculosis Screening	Sec. 1, H.9, I.2
520	Risk Management	Sec. 1, G.1-2, H.7-9, H.12
530	Emergency Preparedness and Response Plan	Sec. 1, H.2, H.5, H.13
540	Access to Telephone in Emergencies; Emergency Telephone Numbers	Sec. 1, H.1, H.5-6; Sec. 2, E.5
550	First Aid Kit Accessible	Sec. 1, H.6

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560	Operable Flashlights or Battery Lanterns	Sec. 1, H.5
	Ch. 105, Part IV. Services and Supports	
570	Mission Statement	Sec. 1, A.2
580	Service Description Requirements	Sec. 2, A.2
590	Provider Staffing Plan	Sec. 1, I.1, I.8; Sec. 2, A.1, A.12-13
600	Nutrition	Sec. 3, U.4
610	Community Participation	Sec. 2, A.3, A.7
620	Monitoring and Evaluating Service Quality	Sec. 1, N.1-2; Sec. 2, A.13, H.1-5
630	Policies on Screening, Admission, and Referrals	Sec. 2, B.1-5
640	Screening and Referral Services Documentation and Retention	Sec. 2, B.1-5
650	Assessment Policy	Sec. 2, B.7-12
660	Individualized Services Plan (ISP)	Sec. 2, C.1-6, C.8
670	ISP Requirements	Sec. 2, C.1-5
680	Progress Notes or Other Documentation	Sec. 2, C.7
690	Orientation	Sec. 2, B.6
700	Written Policies and Procedures for a Crisis or Clinical Emergency	Sec. 2, A.11
710	Documenting Crisis Intervention and Clinical Emergency Services	Sec. 2, C.7
720	Health Care Policy	Sec. 2, B.9, E.5; Sec. 3, U.5
730	Medical Information	Sec. 2, B.9, E.5
740	Physical Examination	Sec. 2, E.5
750	Emergency Medical Information	Sec. 2, B.9, E.5
760	Medical Equipment	
770	Medication Management	Sec. 2, E.1-11
780	Medication Errors and Drug Reactions	Sec. 1, H.7-8; Sec. 2, E.4-11
790	Medication Administration and Storage or Pharmacy Operation	Sec. 2, E.1-11
800	Policies and Procedures on Behavior Management Techniques	Sec. 2, F.1-15
810	Behavioral Treatment Plan	Sec. 1, K.5-6; Sec. 2, C.1-4
820	Prohibited Actions	Sec. 1, K.1-2, K.6
830	Seclusion, Restraint, and Time Out	Sec. 2, F.1-15
840	Requirements for Seclusion Room	Sec. 2, F.4
850	Transition of Individuals Among Services	Sec. 2, D.1-11
860	Discharge	Sec. 2, D.1-11
	Ch. 105, Part V. Records Management	
870	Written Records Management Policy	Sec. 2, G.1-5
880	Documentation Policy	Sec. 2, G.1-5
890	Individual's Service Record	Sec. 2, G.1-5
900	Record Storage and Security	Sec. 1, K.7-8
910	Retention of Individual's Service Records	Sec. 1, K.8
920	Review Process for Records	Sec. 2, H.1-5
	Ch. 105, Part VI. Additional Requirements for Selected Services	
930	Registration, Certification, or Accreditation	Opioid Treatment Manual
940	Criteria for Involuntary Termination from Treatment	Opioid Treatment Manual
950	Service Operation Schedule	Opioid Treatment Manual
960	Physical Examinations	Opioid Treatment Manual
970	Counseling Sessions	Opioid Treatment Manual

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980	Drug Screens	Opioid Treatment Manual
990	Take-Home Medication	Opioid Treatment Manual
1000	Preventing Duplication of Medication Services	Opioid Treatment Manual
1010	Guests	Opioid Treatment Manual
1020	Detoxification Prior to Involuntary Discharge	Opioid Treatment Manual
1030	Opioid Agonist Medication Renewal	Opioid Treatment Manual
1040	Emergency Preparedness Plan	Opioid Treatment Manual
1050	Security of Opioid Agonist Medication Supplies	Opioid Treatment Manual
1060	Cooperative Agreements with Community Agencies	Sec. 3, J.8
1070	Observation Area	Sec. 3, J.3
1080	Direct-Care Training for Providers of Detox. Services	Sec. 3, J.1, J.4
1090	Minimum No. of Employees or Contractors on Duty	Sec. 3, J.1, J.2, J.4, J.6
1100	Documentation	Sec. 3, J.5
1110	Admission Assessments	Sec. 3, J.1, J.3, J.5-6
1120	Vital Signs	Sec. 3, J.1, J.5
1130	Light Snacks and Fluids	
1140	Clinical and Security Coordination	
1150	Other Requirements for Correctional Facilities	
1160	Sponsored Residential Home Information	
1170	Sponsored Residential Home Agreements	
1180	Sponsor Qualification and Approval Process	
1190	Sponsored Residential Home Service Policies	
1200	Supervision	
1210	Sponsored Residential Home Service Records	
1220	Regulations Pertaining to Employees	
1230	Maximum Number of Beds in Sponsored Residential Home	
1240	Service Requirements for Providers of Case Management Services	Sec. 3, C.1-6
1250	Qualifications of Case Management Employees or Contractors	Sec. 3, C.2
1260	Admission Criteria	
1270	Physical Environment Requirements of Community Gero-Psychiatric Residential Services	
1280	Monitoring	
1290	Service Requirements for Providers of Gero-Psychiatric Residential Services	
1300	Staffing Requirements for Providers of Gero-Psychiatric Residential Services	
1310	Interdisciplinary Services Planning Team	
1320	Employee or Contract Qualifications and Training	
1330	Medical Director	
1340	Physician Services and Medical Care	
1350	Pharmacy Services for Providers of Gero-Psychiatric Residential Services	
1360	Admission and Discharge Criteria	Sec. 2, A.1-3, B.1-2; Sec. 3, A.35-37
1370	Treatment Team and Staffing Plan	Sec. 3, A.1-30
1380	Contacts	Sec. 3, A.24-27
1390	ICT and PACT Service Daily Operation and Progress Notes	Sec. 3, A.28-33
1400	ICT and PACT Assessment	Sec. 2, B.7-12; Sec. 3, A.14-22
1410	Service Requirements	Sec. 3, A.6-29, A.33

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Appendix A: Continuity of Care Procedures

Overarching Responsibility: Sections 37.2-500 and 37.2-601 of the *Code of Virginia* and State Board Policy 1035 state that community services boards (CSBs) are the single points of entry into publicly funded mental health, mental retardation, and substance abuse services. Related to this principle, it is the responsibility of Boards to assure that consumers receive:

- preadmission screening that confirms the appropriateness of admission to a state hospital or training center (state facilities) and
- discharge planning services, beginning at the time of admission to the state facility, that enable timely discharge from the state facility and appropriate post-discharge, community-based services.

Throughout this Appendix, the term community services board (CSB) is used to refer to an operating CSB, an administrative policy CSB, a local government department with a policy-advisory CSB, or a behavioral health authority, also referred to in the Community Services Performance Contract as Boards. State hospital is defined in § 37.2-100 of the *Code of Virginia* as a hospital, psychiatric institute, or other institution operated by the Department that provides care and treatment for persons with mental illness. Training center is defined in § 37.2-100 as a facility operated by the Department for the treatment, training, or habilitation of persons with intellectual disabilities.

These procedures must be read and implemented in conjunction with the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document. Applicable provisions in the protocols have replaced most treatment team, discharge, and post-discharge activities that were described in earlier versions of these procedures; however a few remain in the procedures. In the event of a conflict between any Continuity of Care Procedures and the *Discharge Planning Protocols*, provisions in the protocols shall apply.

I. State Facility Admission Criteria

A. State Hospitals

1. An individual must meet the following criteria for admission to a state hospital.

- a. **Adults:** The individual meets one of the criteria in section A. 1.) below or one or more of the other criteria listed in section A and the criterion in section B:

Section A:

- 1.) the person has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future,
 - a.) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or
 - b.) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs¹; or

¹ Criteria for involuntary admission for inpatient treatment to a facility pursuant to § 37.2-817.C of the *Code of Virginia*.

- 2.) the person has a condition that requires intensive monitoring of newly prescribed drugs with a high rate of complications or adverse reactions; or
- 3.) the person has a condition that requires intensive monitoring and intervention for toxic effects from therapeutic psychotropic medication and short term community stabilization is not deemed to be appropriate; and

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Section B:

- 4.) all available less restrictive treatment alternatives to involuntary inpatient treatment that would offer an opportunity for the improvement of the person's condition have been investigated and determined to be inappropriate (§37.2-817.C of the *Code of Virginia*).
- b. **Children and Adolescents:** Due to a mental illness, the child or adolescent meets one or more of the criteria in section A and both criteria in section B:

Section A:

- 1.) presents a serious danger to self or others such that severe or irremediable injury is likely to result, as evidenced by recent acts or threats²; or
- 2.) is experiencing a serious deterioration of his ability to care for himself in a developmentally age-appropriate manner, as evidenced by delusional thinking or significant impairment of functioning in hydration, nutrition, self-protection, or self control²; or

² Criteria for parental or involuntary admission to a state hospital.

- 3.) requires monitoring of newly prescribed drugs with a high rate of complications or adverse reactions or monitoring for toxic effects from therapeutic psychotropic medication; and

Section B:

- 4.) is in need of inpatient treatment for a mental illness and is likely to benefit from the proposed treatment; and
- 5.) all treatment modalities have been reviewed and inpatient treatment at a state hospital is the least restrictive alternative that meets the minor's needs (§ 16.1-338, §16.1-339, and § 16.1-344 of the *Code of Virginia*).

The determination of least restrictive alternative should be a joint decision of the case management CSB and the receiving state hospital, with input from the consumer and family members. The CSB must document specific community alternatives considered or attempted and the specific reasons why state hospital placement is the least restrictive setting for the individual at this time.

2. Admission to state hospitals is not appropriate for:
 - a. individuals who have behaviors that are due to medical disorders, neurological disorders (including head injury), or intellectual disabilities and who do not have a qualifying psychiatric diagnosis or serious emotional disturbance;
 - b. individuals with unstable medical conditions that require detoxification services or other extensive medical services;
 - c. individuals with a diagnosis of dementia, as defined in the Diagnostic and Statistical Manual, unless they also have significant behavioral problems, as determined by qualified state hospital staff;
 - d. individuals with primary diagnoses of adjustment disorder, anti-social personality disorder, or conduct disorder; and
 - e. individuals with a primary diagnosis of substance use disorder unless it is a co-occurring disorder with a qualifying psychiatric diagnosis or serious emotional disturbance.
3. In most cases, individuals with severe or profound levels of intellectual **disabilities** disability are not appropriate for admission to a state hospital. However, individuals with a mental illness who are also diagnosed with mild or moderate intellectual

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~~disabilities~~ disability but are exhibiting signs of acute mental illness may be admitted to a state hospital if they meet the preceding criteria for admission due to their mental illness and have a primary need for mental health services. Once these psychiatric symptoms subside, the person must be reassessed according to AAIDD criteria and must be discharged to an appropriate setting.

4. Individuals with a mental ~~illness~~ health disorder who are also diagnosed with a co-occurring substance use disorder may be admitted to a state hospital if they meet the preceding criteria for admission.
5. For a forensic admission to a state hospital, an individual must meet the criteria for admission to a state hospital.

B. Training Centers

1. Admission to a training center for a person with ~~an~~ intellectual disability will occur only when all of the following circumstances exist.
 - a. The training center is the least restrictive and most appropriate available placement to meet the individual's treatment and training needs.
 - b. Programs in the community cannot provide the necessary adequate supports and services required by an individual as determined by the CSB, pursuant to § 37.2-505 or § 37.2-606 of the *Code of Virginia*.
 - c. It has been documented in the person's plan of care that the individual and his or her parents or authorized representative have selected ICF/MR services after being offered a choice between ICF/MR and community MR waiver services and that they agree with placement at a training center.
 - d. The training center director approves the admission to the training center, with the decision of the director being in compliance with State Board regulations that establish the procedure and standards for issuance of such approval, pursuant to § 37.2-806 of the *Code of Virginia*.
 - e. Documentation is present that the individual meets the AAIDD definition of ~~an~~ intellectual disability and level 6 or 7 of the ICF/MR Level of Care.
 - f. The individual demonstrates a need for extensive or pervasive supports and training to perform activities of daily living (ICF/MR Level of Care 6 or 7).
 - g. The individual demonstrates one or more of the following conditions:
 - exhibits challenging behaviors (e.g., behavior patterns that may be manifested in self-injurious behavior, aggression toward others, or behaviors that pose public safety risks),
 - does not have a mental health diagnosis without also having an intellectual disability diagnosis, or
 - is medically fragile (e.g., has a chronic medical condition or requires specialized technological health care procedures or ongoing support to prevent adverse physical consequences).
2. After the training center director approves the admission, the CSB shall initiate the judicial certification process, pursuant to § 37.2-806 of the *Code of Virginia*.
3. Admission to a training center is not appropriate for obtaining:
 - a. extensive medical services required to treat an unstable medical condition,
 - b. evaluation and program development services, or

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- c. treatment of medical or behavioral problems that can be addressed in the community system of care.
4. Special Circumstances for Short-Term Admissions
 - a. Requests for respite care admissions to training centers must meet the criteria for admission to a training center and the regulations adopted by the State Board. The admission must be based on the need for a temporary placement and will not exceed statutory time limits (21 consecutive days or a maximum of 75 days in a calendar year) set forth in § 37.2-807 of the *Code of Virginia*.
 - b. Emergency admissions to training centers must meet the criteria for admission to a training center and must:
 - be based on specific, current circumstances that threaten the individual's health or safety (e.g., unexpected absence or loss of the person's caretaker),
 - require that alternate care arrangements be made immediately to protect the individual, and
 - not exceed statutory time limits (21 consecutive days or a maximum of 75 days in a calendar year) set forth in § 37.2-807 of the *Code of Virginia*.
 - c. No person shall be admitted to a training center for a respite admission or an emergency admission unless the CSB responsible for the person's care, normally the case management CSB, has agreed in writing to begin serving the person on the day he or she is discharged from the training center, if that is less than 21 days after his or her admission, or no later than 21 days after his or her admission.

II. Preadmission Screening Services and Assessments Required Prior to State Facility Admission

A. CSB Preadmission Screening Requirements

1. CSBs will perform preadmission screening assessments on all individuals for whom admission, or readmission if the person is already in the hospital, to a state hospital is sought. A qualified CSB employee or designee shall conduct a comprehensive face-to-face evaluation of each individual who is being screened for admission to a state hospital. All CSB preadmission screeners for admission to state hospitals shall meet the qualifications for preadmission screeners as required in § 37.2-809 of the *Code of Virginia*. The preadmission screener shall forward a completed DMHMRSAS MH Preadmission Screening Form to the receiving state hospital before the individual's arrival.
2. CSBs should ensure that employees or designees who perform preadmission screenings to a state hospital have expertise in the diagnosis and treatment of mental illnesses and consult, as appropriate, with professionals who have expertise in working with and evaluating persons with intellectual ~~disabilities~~ disability or substance use disorders or children and adolescents with serious emotional disturbance.
3. CSBs should ensure that employees or designees who perform preadmission screenings for admission to a training center have expertise in the diagnosis and treatment of persons with intellectual ~~disabilities~~ disability and consult, as appropriate, with professionals who have expertise in working with and evaluating individuals with mental ~~illnesses~~ health or substance use disorders.
4. Results of the CSB's comprehensive face-to-face evaluation of each individual who is being screened for admission to a state facility should be forwarded to the receiving state facility for its review before the person's arrival at the facility. This evaluation should include the CSB assessments listed in the following section.

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5. When an individual who has not been screened for admission by a CSB arrives at a state facility, he should be screened in accordance with procedures negotiated by the state facility and the CSBs that it serves. State facility staff will not perform preadmission screening assessments.
6. Preadmission screening CSBs must notify the state hospital immediately in cases in which the CSB preadmission screener did not recommend admission but the individual has been judicially admitted to the state hospital.
7. The case management CSB or its designee shall conduct preadmission screening assessments for the readmission of any of its consumers in a state hospital.

B. Assessments Required Prior to Admission to a State Hospital: Section 37.2-815 of the *Code of Virginia* requires an examination, which consists of items 1 and 2 below and is conducted by an independent examiner, of the person who is the subject of a civil commitment hearing. The same *Code* section permits CSB staff, with certain limitations, to perform these examinations. The same items are required for a voluntary admission, but they do not have to be performed by an examiner referenced in § 37.2-815.

1. If there is reason to suspect the presence of a substance use disorder and available information is not adequate to make a determination of its existence, a substance use disorder screening, including completion of:
 - a. a comprehensive drug screen including blood alcohol concentration (BAC), with the consumer's consent, and
 - b. the Substance Abuse Subtle Screening Inventory (SASSI) or Simple Screening Instrument (SSI) for adults or the adolescent version of SASSI for adolescents age 12 and older. The SASSI will not be required for youth under age 12.
2. A clinical assessment that includes:
 - a. a face-to-face interview or one conducted via two-way electronic video and audio communication system, including arrangements for translation or interpreter services for individuals when necessary;
 - b. clinical assessment information, as available, including documentation of:
 - a mental status examination, including the presence of a mental illness and a differential diagnosis of an intellectual disability,
 - determination of current use of psychotropic and other medications, including dosing requirements,
 - a medical and psychiatric history,
 - a substance use, dependence, or abuse determination, and
 - a determination of the likelihood that, as a result of mental illness, the person will, in the near future, suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs;
 - c. a risk assessment that includes an evaluation of the likelihood that, as a result of mental illness, the person will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any;
 - d. an assessment of the person's capacity to consent to treatment, including his ability to:
 - maintain and communicate choice,
 - understand relevant information, and
 - comprehend the situation and its consequences;

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- e. a review of the temporary detention facility's records for the person, including the treating physician's evaluation, any collateral information, reports of any laboratory or toxicology tests conducted, and all admission forms and nurses' notes ;
 - f. a discussion of treatment preferences expressed by the person or contained in a document provided by the person in support of recovery;
 - g. an assessment of alternatives to involuntary inpatient treatment; and
 - h. recommendations for the placement, care, and treatment of the person.
3. To the extent practicable, a medical assessment performed by an available medical professional (i.e., an M.D. or a nurse practitioner) at, for example, the CSB or an emergency room. Elements of a medical assessment include a physical examination and a medical screening of:
 - a. known medical diseases or other disabilities;
 - b. previous psychiatric and medical hospitalizations;
 - c. medications;
 - d. current use of alcohol and illicit drugs, using blood alcohol concentrations and the results of the comprehensive drug screen; and
 - e. physical symptoms that may suggest a medical problem.
4. If there is reason to suspect the presence of ~~an~~ intellectual disability, to the extent practicable, a psychological assessment that reflects the person's current level of functioning based on the current AAIDD criteria should be performed if a recent psychological assessment is not already available to the preadmission screener.
5. When a state hospital accepts a direct admission, the Medical Officer on Duty should be contacted prior to admission to determine which of these assessments are needed. The state hospital shall communicate the results its decision in writing to the Board within four hours.

C. CSB Assessments Required Prior to Admission to a Training Center

1. If there is reason to suspect the presence of a substance use disorder (e.g., current or past substance dependence or addiction) and available information is not adequate to make a determination of its existence, a substance use disorder screening, including completion of:
 - a. a comprehensive drug screen including blood alcohol concentration (BAC), with the consumer's consent, and
 - b. the Substance Abuse Subtle Screening Inventory (SASSI) or Simple Screening Instrument (SSI) for adults or the adolescent version of SASSI for adolescents age 12 and older. The SASSI will not be required for youth under age 12.
2. When indicated, an assessment of the individual's mental status to determine the presence of a co-occurring mental illness. This mental status assessment should include:
 - a. a face-to-face interview, including arrangements for translation or interpreter services for individuals;
 - b. clinical assessment information, as available, including documentation of the following:
 - a mental status examination,
 - current psychotropic and other medications, including dosing requirements,

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- medical and psychiatric history,
 - substance use or abuse,
 - information and recommendations of other current service providers (e.g., treating physicians) and appropriate significant persons (e.g., spouse, parents), and
 - ability to care for self; and
- c. assessment of capacity to consent to treatment, including an evaluation of such processes as the ability to:
- maintain and communicate choice,
 - understand relevant information, and
 - understand the situation and its consequences.
3. A completed application package, which includes the following for a certified admission:
- a. a completed DMHMRSAS Intellectual Disabilities Preadmission Screening form forwarded to the receiving training center before the individual's arrival;
 - b. an ICF/MR Level of Care Assessment;
 - c. an Intellectual Disabilities Social History form;
 - d. a Medical History form and a Current Medical Information form, which contains a statement, signed by a physician within 30 days prior to the date of the admission application, indicating that the individual is free of communicable diseases;
 - e. a psychological evaluation that reflects the person's current level of functioning based on the current AAIDD criteria;
 - f. release of information forms for pertinent consumer information to be transferred between the CSB and the training center;
 - g. a plan for discharge, including tentative date of discharge, appropriate services and supports, and the name of the CSB case manager; and
 - h. an assessment of alternatives to admission and a determination, with appropriate documentation, that training center placement is the least restrictive intervention.
4. For emergency admissions to a training center, information requirements for the admission package are limited, but must include:
- a. a completed DMHMRSAS Intellectual Disabilities Preadmission Screening form;
 - b. an Intellectual Disabilities Social History form;
 - c. a Medical History form and Current Medical Information form, which contains a statement, signed by a physician within 30 days prior to the date of the admission application, as to whether the individual is free of communicable diseases; and
 - d. a psychological evaluation, with level of intellectual disabilities based on the AAIDD criteria, that reflects the person's current level of functioning and ICF/MR level of care; or
 - e. a completed Emergency Care Admission Intake Form with attachments or other emergency admission forms that do not exceed the requirements set forth in the preceding items for emergency admissions but meet training center requirements.

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D. Disposition of Individuals with Acute or Unstable Medical Conditions

1. Individuals who are experiencing acute or unstable medical conditions will not receive medical clearance for admission to a state hospital or training center. Examples of these conditions include: untreated acute medical conditions requiring surgery or other immediate treatment, acute pneumonia, respiratory distress, acute renal failure or chronic renal failure requiring dialysis, unstable diabetes, symptoms of alcohol or drug toxicity, and erratic consciousness of unknown origin.
2. CSBs should have procedures in place to divert individuals who do not meet state facility admission criteria due to with medical conditions to appropriate medical facilities.

E. Procedures for Dealing with Inappropriate Judicial Admissions to State Facilities

1. The individual's case management CSB shall immediately formulate and implement a discharge plan, as required by § 37.2-505 or § 37.2-606 of the *Code of Virginia*, if a state hospital determines that an individual who has been judicially admitted to the hospital is inappropriate for admission (e.g., the person does not meet the admission criteria listed in these procedures).
2. CSBs will be notified of the numbers of their admissions that state hospitals have determined do not meet the admission criteria in these procedures. State hospitals will report this information to the Department and the affected CSBs at least quarterly in a format prescribed by the Department. This information will be discussed during the bi-monthly utilization review and utilization management process developed and implemented by CSBs and state hospitals, which is described in the next section. This will include inappropriate jail transfers for evaluation and treatment.

III. CSB Participation on Interdisciplinary Treatment Teams and Coordination with State Facility in Service Planning

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to participation in treatment planning while the consumer is in the state hospital or training center (state facility).

- A. Staff of the case management CSBs shall participate in readmission hearings at state hospitals by attending the hearings or participating in teleconferences or video conferences. State hospital staff will not represent CSBs at readmission hearings.
- B. CSBs and state facilities shall develop and implement a bi-monthly utilization review and utilization management process to discuss and address issues related to the CSB's utilization of state facility services. This includes reviewing the status and lengths of stay of the CSB's consumers and developing and implementing actions to address census management issues.

IV. CSB Discharge Planning Responsibilities

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to discharge planning responsibilities.

- A. State facilities shall provide or arrange transportation, to the extent practicable, for consumers for discharge-related activities. Transportation includes travel from state facilities to community settings for trial visits and back to state facilities after such visits. The case management CSB shall provide or arrange transportation, to the extent

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practicable, for an individual whose admission to a state facility has been determined to be inappropriate, resulting in the person's discharge in accordance with § 37.2-837, § 37.2-505, § 37.2-606, or § 16.1-346.B of the *Code of Virginia*, and shall provide or arrange transportation for consumers when they are discharged from state facilities.

V. Discharge Criteria and Resolution of Disagreements about a Consumer's Readiness for Discharge

A. Each state facility and the CSBs that it serves will use the following discharge criteria.

1. *State Hospitals*

a. **Adults:** An adult will be discharged from a state hospital when hospitalization is no longer clinically appropriate. The interdisciplinary treatment team will use all of the following criteria to determine an individual's readiness for discharge:

- 1.) the individual has a mental illness but there is not a substantial likelihood that, as a result of mental illness, the person will, in the near future,
 - a.) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or
 - b.) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
- 2.) inpatient treatment goals, as documented in the person's individualized treatment plan, have been addressed sufficiently, and
- 3.) the individual is free from serious adverse reactions to or complications from medications and is medically stable.

b. **Children and Adolescents:** A child or an adolescent will be discharged from a state hospital when he or she no longer meets the criteria for inpatient care. The interdisciplinary treatment team will use the following criteria to determine an individual's readiness for discharge:

- 1.) the minor no longer presents a serious danger to self or others, and
 - 2.) the minor is able to care for himself in a developmentally appropriate manner; and, in addition,
 - 3.) the minor, if he is on psychotropic medication, is free from serious adverse effects or complications from the medications and is medically stable;
- OR when any of the following apply:
- 4.) the minor is unlikely to benefit from further acute inpatient psychiatric treatment;
 - 5.) the minor has stabilized to the extent that inpatient psychiatric treatment in a state hospital is no longer the least restrictive treatment intervention; or
 - 6.) if the minor is a voluntary admission, the legal guardian or the minor, if he is age 14 or older, has withdrawn consent to admission (§ 16.1-338.D of the *Code of Virginia*), unless continued hospitalization is authorized under § 16.1-339, § 16.1-340, or § 16.1-345 of the *Code of Virginia* within 48 hours of the withdrawal of consent to admission.

2. **Training Centers:** ~~An individual will be discharged from a training center when institutional care is no longer clinically appropriate. The interdisciplinary treatment team will use the following clinical criteria to determine an individual's readiness for discharge:~~

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- ~~a. the individual no longer needs the level of behavioral training or medical treatment provided by the training center;~~
- ~~b. the individual's unique psychosocial and medical needs can be met by an appropriate community provider;~~
- ~~c. training and treatment goals, as documented in the person's Individual Habilitation Plan (IHP), have been addressed; and~~
- ~~d. the individual is free from serious adverse medication reactions and medical complications and is medically stable.~~

Any individual is ready for discharge from a training center when the supports that are necessary to meet his or her needs are available in the community of his or her choice.

- B. The state facility shall provide assessment information that is equivalent to the information specified in sections II.B. or II.C. (except for items B.3.a. and g. and C.3.a. and h.) of these procedures to the CSB when a consumer is being considered for discharge to the community.
- C. The CSB shall be notified when the state facility interdisciplinary treatment team determines that an individual admitted to a state facility does not meet the admission criteria in these procedures and needs to be discharged in accordance with § 37.2-837 and § 37.2-505 or § 37.2-606 of the *Code of Virginia*.
- D. A disagreement as to whether a consumer is ready for discharge from a state facility is solely a clinically-based disagreement between the state facility treatment team and the CSB that is responsible for the individual's care in the community. A dispute may occur when either:
 - 1. the treatment team determines that the individual is clinically ready for discharge and the CSB disagrees; or
 - 2. the CSB determines that an individual is clinically ready for discharge and the treatment team disagrees.

VI. CSB Post-discharge Services

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to post-discharge services responsibilities.

- A. Individuals discharged from a training center who have missed their first appointment with a CSB case manager or in a day support program shall be contacted by the case management CSB within 14 calendar days.
- B. To reduce readmissions to training centers, CSBs shall, to the extent practicable, establish an MR crisis stabilization/behavior management capability to work with individuals who have been discharged from a training center who are having difficulty adjusting to their new environments.

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Appendix B: Discharge Assistance Project Procedures

1. Purpose

The purpose of the Discharge Assistance Project (DAP) is to obtain and provide community resources to support the successful discharge and placement of state hospital consumers receiving long-term, extended rehabilitation services or other state hospital consumers whose special needs have prevented placement in the community and for whom specialized supports and targeted funding are needed for successful community placement. If a Board receives state general or federal funds from the Department specifically identified for the DAP, the Board shall adhere to these procedures, which are subject to all of the applicable provisions of this Document and the Board's Performance Contract with the Department. In the event of a conflict between any DAP Procedures and any other provisions of this Document or the Performance Contract, those other provisions of this Document or the Contract shall apply.

2. Development and Approval of Individualized Services Plans (ISPs): Under the DAP, the Board agrees to develop and implement ISPs to serve identified consumers in the community by providing the services and supports necessary for their successful community placement.

2.1 The Board shall use state general and federal funds provided by the Department and other funds associated with DAP ISPs obtained by the Board, such as Medicaid-fee-for-service payments, Targeted Case Management fees, Rehabilitation (State Plan Option) fees, and MR Waiver fees, other third party and direct consumer fees, and local government funds, solely for the discharge and community support of those consumers for whom the funds were requested and whose ISPs have been submitted to the Department.

2.1.1 Prior to the start of each state fiscal year, the Department will send a Letter of Notification to the Board with an enclosure that shows the tentative allocations of state general and federal funds for the DAP, based on the current ISPs for the consumers currently served by the DAP.

2.1.2 After receipt, the Board shall review its Letter of Notification, current ISPs, DAP utilization reports, feedback from the Department, performance contract reports, and other relevant data. Based on this review, the Board shall develop or revise ISPs for the contract period and submit them to the Department for information purposes.

2.1.3 The total DAP expenses for all of the ISPs submitted pursuant to 2.1.2, less other funds associated with DAP ISPs (described in section 2.1), shall not exceed the amount of state general and federal funds allocated to the Board for the DAP. If the total DAP expenses are less than the Board's total DAP allocation, a representative of the Department's Office of Mental Health Services will contact the Board regarding unallocated DAP funds. If the Board is not able to develop one or more ISPs to utilize these funds for consumers who meet DAP criteria, the Department may reallocate these available DAP funds according to procedures in section 3, and the Board's ongoing total annual DAP allocation shall be reduced accordingly. In the event that a Board's DAP allocation is reduced, the Department shall provide a written notification of the change in DAP funding to the affected Board. This notification shall identify the revised annualized amount allocated to the Board for this project, the effective date of the change, and the individual consumers to be served for the remainder of the state fiscal year.

2.1.4 Upon review of the ISPs submitted pursuant to section 2.1.2, the Department shall provide a written Confirmation of DAP Funding to the Board. The Confirmation of DAP Funding, effective on the first day of the term of this contract, shall identify the total amount allocated to the Board for the DAP, the particular consumers to be served, and the annualized expenses of each consumer's ISP.

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- 2.1.5 Following review of the ISPs pursuant to section 2.1.2, the Board may adjust services and associated expenses at any time during the state fiscal year without approval from the Department, as long as the adjusted DAP expenses of all DAP consumers served by the Board do not exceed the Board's total DAP state general and federal funds allocation and the funding is used for current DAP consumers whose ISPs have been submitted to the Department. The Department may review utilization and financial reports to determine the extent to which such funds transfers are occurring and may subsequently require revisions of ISPs or adjustment to or reallocation of state general and federal funding amounts. Revisions resulting from discharges from the DAP shall follow the reallocation procedures described in section 3 of these procedures.
- 2.1.6 If the Board wishes to serve new consumers in the DAP, it shall submit ISPs to the Department for information purposes. The Board shall include a copy of the *Needs Upon Discharge* form and the *Discharge Plan* with each new ISP submitted. The Board may submit ISPs to serve new consumers at any time, provided that such requests are within the Board's total annual DAP allocation of state general and federal funds and the new consumers meet DAP criteria.
- 2.1.7 Upon review of new ISPs submitted pursuant to sections 2.1.5 or 2.1.6, the Department shall provide a written Confirmation of the DAP Revision to the Board. The Confirmation of the DAP Revision shall identify the amount allocated to the Board for the DAP, the effective date of the revision, the individual consumers to be served for the remainder of the contract term, and the annualized cost of each consumer's ISP.
- 2.2 The Board shall immediately notify the Department's Office of Mental Health Services whenever a current DAP consumer is re-hospitalized at a state hospital, incarcerated, or otherwise no longer requires DAP funding. Funds that become available as a result of such changes in consumer status shall follow the reallocation procedures described in section 3 of these procedures.
3. **Reallocation of DAP Funds**
- 3.1 The Board shall immediately notify the Department's Office of Mental Health Services whenever a current DAP consumer is released from the project, that is, he no longer requires DAP funding. Consumers may be released from the DAP for a number of reasons, including relocation to another state, alternative funding sources, re-hospitalization, incarceration, death, or other situations that would make DAP funding unnecessary.
- 3.1.1 In cases where a current DAP consumer is re-hospitalized at a state hospital or incarcerated, but is likely to return to the community within 90 days, the Board may continue to receive the funds allocated for that consumer during this period. The Board may continue to receive DAP funds for longer than 90 days for such a consumer only with the Department's approval.
- 3.1.2 In cases where a state hospital consumer has been accepted in the DAP but actual discharge from the state facility occurs more than 90 days after the date of acceptance, the procedures in section 3.1.1 shall apply.
- 3.1.3 DAP funds received for current consumers during periods of hospitalization or incarceration, up to 90 days or longer pursuant to sections 3.1.1 and 3.1.2, may be utilized in the following ways.
- 3.1.3.1 The Board may use all or a portion of the funds to maintain housing and provide transitional services for the consumer prior to his discharge. Discharge planning expenses are not allowable.

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- 3.1.3.2 The Board may use all or a portion of the funds for non-recurring (one-time) treatment or support expenses for existing DAP consumers that were not budgeted in their ISPs or reimbursed from other sources. These include expenses associated with medications, mental health or substance abuse treatment (excluding inpatient treatment), health and dental care or medically-necessary diagnostic tests, one-time purchases of goods needed for community living, and security deposits on housing arrangements.
 - 3.1.3.3 The Board may submit a request to the Department to use all or a portion of the funds for other (non-DAP) state hospital consumers whose special needs have prevented placement in the community and for whom specialized supports and targeted funding are needed for successful community placement. If the Department approves the request, the Board may use the funds for non-recurring (one-time) purchases to provide discharge assistance for non-DAP consumers in state hospitals. These purchases may include transitional services provided prior to discharge (excluding discharge planning expenses), medications, health and dental care, medically necessary diagnostic tests, goods needed for community living, and security deposits on housing arrangements.
 - 3.1.4 DAP consumers hospitalized at a state hospital or incarcerated for more than 90 days shall be considered released from the project, unless the Board obtained Departmental approval to continue funding beyond 90 days, and DAP state general and federal funds allocated for their ISPs shall be reallocated according to the procedures in section 3.2.
 - 3.2 The Department may reallocate state general and federal funds for the DAP that become available as a result of releases from the DAP in the following ways.
 - 3.2.1 The Department may reallocate the funds to support the discharge of another state hospital consumer who meets DAP criteria. The Board serving the identified consumer shall submit an ISP to the Department for information purposes within 30 days of notification that funds are available.
 - 3.2.2 If the Department does not utilize the funds, the Board serving the consumer who was discharged from the DAP shall have the opportunity to develop a discharge plan for another state hospital consumer who meets DAP criteria or to reallocate funds to existing DAP consumers in need of additional supports, as evidenced by utilization reports. New or revised ISPs shall be submitted to the Department for review within 30 days of notification that funds are available.
 - 3.2.3 If the Board does not identify an appropriate DAP consumer and submit an ISP within 30 days, the state hospital serving that Board's service area may determine whether those state general and federal DAP funds could be used to support the discharge of another consumer in that area who meets DAP criteria. The Board serving such an identified consumer shall submit an ISP to the Department for review within 30 days of notification that funds are available.
 - 3.3 Upon review of ISPs developed using reallocated funds, the Department shall provide a written notification of changes in DAP funding to the Boards affected by the reallocation of funds. This notification shall identify the revised amount of state general and federal DAP funds allocated to each Board, the effective date of the change, and the individual consumers to be served for the remainder of the contract term.
4. **Reporting**
- 4.1 The Board shall provide aggregate semi-annual reports, as part of its performance contract reports, on the number of consumers served, the total expenditures for all DAP

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ISPs, and the total amount of DAP restricted revenues expended. Boards shall not be required to submit more frequent standard reports or reports on individual consumers. The Board also shall identify all DAP consumers that it serves in its CCS 3 extract submissions using the Consumer Designation Code for the DAP.

5. Project Management

- 5.1 The Department shall be responsible for the allocation of DAP state general and federal funds and the overall management of the Discharge Assistance Project (DAP).
- 5.2 The Board shall be responsible for managing DAP funds in accordance with the reviewed ISPs and the procedures described in this appendix.
- 5.3 The Department shall allocate state general and federal DAP funds provided to support ISPs on a state fiscal year basis.
- 5.4 Within the Board's overall DAP budget, funds may be expended for any combination of services that assure the needs of participating DAP consumers are met in a community setting. The Board shall update and revise ISPs in response to the changing needs of participating consumers.
- 5.5 Revenues generated from third party and other sources for any DAP participating consumer shall remain in the Board's overall DAP budget to offset the costs of care for those consumers. The Board shall collect and utilize all available revenues from other appropriate sources to pay for DAP ISPs before using state general and federal funds to pay for those ISPs to ensure the most effective use of these state general and federal funds. These other sources include Medicare; Medicaid-fee-for service, Targeted Case Management fees, Rehabilitation (State Plan Option) fees, and MR Waiver payments; other third party payors; auxiliary grants; SSI, SSDI, and direct payments by consumers; payments or contributions of other resources from other agencies, such as social services or health departments; and other state, local, or Department funding sources.
- 5.6 The Department may conduct on-going utilization review of ISPs and analyze utilization and financial information and consumer-related events, such as re-hospitalization, to ensure the continued appropriateness of services and to monitor compliance with ISPs. The utilization review process may result in revisions of ISPs or adjustment to or reallocation of state general and federal funding DAP allocations.

6. **Compensation and Payment:** The Department shall disburse semi-monthly payments of state general and federal funds to the Board that are based on the ISPs reviewed pursuant to section 2.1.2 plus the projected cost of any ISPs subsequently reviewed by the Department.

7. Special Conditions

- 7.1 The first priority of the DAP shall be to discharge and support in a community setting state hospital consumers identified in section 1 who are on the Extraordinary Barriers to Discharge List and whose case management Board is an interested and willing participant in the DAP.
- 7.2 The Board's staff, in conjunction with the consumer's state hospital treatment team and the consumer or his authorized representative, shall identify individualized placements in the community in accordance with the *Procedures for Continuity of Care Between Community Services Boards and State Psychiatric Facilities*, Continuity of Care Procedures, the *Discharge Planning Protocols*, and the consumer's ISP.
- 7.3 Services may be regionalized when possible and where there is demonstrated cost effectiveness (e.g., long-term assisted living facilities).
- 7.4 Any medications supplied through the Community Resource Pharmacy, including atypical anti-psychotic medications, shall continue, if appropriate, and shall not be funded as part of a consumer's DAP ISP. Other medications that are not available through the

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Community Resource Pharmacy may be purchased with DAP funds and shall be accounted for accordingly.

7.5 In the event that a consumer identified as a participant in the Discharge Assistance Project chooses to relocate to another Board, the Department shall reallocate state general and federal DAP funds to that Board to support that consumer's ISP. These funds will be reallocated as a project fund transfer at the approved funding level in that consumer's ISP. Should funds other than state general and federal funds provided through the DAP be required to support the individual in the changed setting, it is the responsibility of the new Board to provide or obtain those funds. If the placement ends, the Department shall reallocate the state general and federal DAP funds to the original Board from which they were transferred.

7.6 A particular consumer who is placed outside of the service area of his case management Board may have specific conditions associated with his ISP that do not conform with the provisions in section 7.5. For such a consumer, the Board agrees that, as the consumer's case management Board, it will remain responsible for his out-of-service area placement. If state hospital readmission is required, the consumer will return to the state hospital of origin or the case management Board's primary state hospital.

Discharge Assistance Procedures: ISP Definitions

Projected Units/Month: The number of units of a particular type of service that are required during a month's time.

Type of Unit: Units are defined in the current Core Services Taxonomy.

Unit Cost: The cost of providing a specific service. For services that are Medicaid reimbursable (Clinic, Rehabilitation [State Plan Option], or Targeted Case Management) enter the reimbursed cost. For other services, enter the Board's current actual unit cost, based on its uniform cost report figures.

Months Needed: Number of months during the contract term that the service will be required.

Annual Cost: Projected units x unit cost x months needed.

Local Match: Additional local match available for services.

Other State Funds: As above.

Medicaid Revenue: Reimbursement rate paid by the DMAS.

Other Revenue: Federal funds, Medicare fees, direct payments by consumers, SSI or other income supplements, other private payments, and any other revenues.

Net State Project Funds: The annual cost of each specific service less local match, other state funds, Medicaid revenue, and other revenue. This determines the amount of state general funds required.

Other Service (specify): Attach brief descriptive narrative.

In addition to the completed ISP form, please include a brief social history/narrative that describes the following:

- the consumer's readiness and appropriateness for discharge from the state hospital;
- the consumer's length of stay and relevant admissions history;
- the proposed services design, i.e. a narrative elaboration of services listed in the ISP;
- the fiscal circumstances of the consumer, e.g., income, resources, third-party insurers, Medicaid/Medicare eligibility; and
- the projected date of discharge and the state hospital treatment team's agreement to the submitted plan and date of discharge.

Other (start-up): Attach detailed budget and brief descriptive narrative.

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Appendix C: Federal Substance Abuse Prevention and Treatment Block Grant Requirements

Certification Regarding Environmental Tobacco Smoke: Substance Abuse Prevention and Treatment (SAPT) Block Grant and Community Mental Health Services Block Grant

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; Boards whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing a performance contract, a Board certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services to children as defined by the Act.

A Board agrees that it will require that the language of this certification be included in any subawards that contain provisions for children's services and that all subrecipients shall certify accordingly.

Special Federal Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959) Compliance Requirements

Treatment services provided with federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds must satisfy federally mandated requirements. SAPT funds must be treated as the payer of last resort only for providing services to pregnant women and women with dependent children and TB and HIV services [Source: 45 CFR § 96.137]. Relevant requirements of the Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule (45 CFR Part 96) are summarized below. As subgrantees of the Department, the Board and its subcontractors under this performance contract are responsible for compliance with these requirements. Failure to address these requirements may jeopardize all SAPT block grant funds awarded to the Board.

- 1. Meet Set-Aside Requirements:** Federal law requires that the state expend its allocation to address established minimum set-asides. In order to address these set-asides, the Department shall designate its awards to the Board in specified categories, which may include:
 - a. primary prevention,
 - b. services to pregnant women and women with dependent children, and
 - c. services for persons at risk of HIV/AIDS.

The Board must utilize these funds for the purposes for which they are indicated in the performance contract and the letter of notification. The Board must provide documentation in its semi-annual (2nd quarter) and annual (4th quarter) performance contract reports of expenditures of the set-asides to the Office of Substance Abuse Services and the Division of Finance and Administration in the Department to ensure that the state meets its set-aside requirements.

[Sources: 45 CFR § 96.124 and 45 CFR § 96.128]

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2. **Primary Prevention Services:** Federal law requires that funds designated for primary prevention services be directed at individuals not identified to be in need of treatment and that a variety of strategies be utilized, to include the following strategies.
- a. *Information Dissemination:* This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include:
 - 1) clearinghouse and information resource center(s),
 - 2) resource directories,
 - 3) media campaigns,
 - 4) brochures,
 - 5) radio and TV public service announcements,
 - 6) speaking engagements,
 - 7) health fairs and health promotion, and
 - 8) information lines.
 - b. *Education:* This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator or facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages), and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include:
 - 1) classroom and small group sessions (all ages),
 - 2) parenting and family management classes,
 - 3) peer leader and helper programs,
 - 4) education programs for youth groups, and
 - 5) children of substance abusers groups.
 - c. *Alternatives:* This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include:
 - 1) drug free dances and parties,
 - 2) youth and adult leadership activities,
 - 3) community drop-in centers, and
 - 4) community-service activities.
 - d. *Problem Identification and Referral:* This strategy aims at identification of those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those persons who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include:
 - 1) employee assistance programs,
 - 2) student assistance programs, and
 - 3) driving while under the influence and driving while intoxicated programs.
 - e. *Community-Based Process:* This strategy aims to enhance the ability of the community to provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders more effectively. Activities in this strategy include organizing, planning, enhancing

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efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building, and networking. Examples of activities conducted and methods used for this strategy include:

- 1) community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff and officials training;
 - 2) systemic planning;
 - 3) multi-agency coordination and collaboration;
 - 4) accessing services and funding; and
 - 5) community team-building.
- f. *Environmental*: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy include:
- 1) promoting the establishment and review of alcohol, tobacco, and drug use policies in schools;
 - 2) technical assistance to communities to maximize local enforcement procedures affecting the availability and distribution of alcohol, tobacco, and other drugs;
 - 3) modifying alcohol and tobacco advertising practices; and
 - 3) product pricing strategies.

[Source: 45 CFR § 96.125]

3. **Services to Pregnant Women and Women with Dependent Children:** Federal law requires that funds allocated to the Board under this set-aside must support, at a minimum, the following services, either directly or by a written memorandum of understanding:
- a. primary medical care for women, including referral for prenatal care, and child care while such women are receiving this care;
 - b. primary pediatric care, including immunization for their children;
 - c. gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, and parenting and child care while the women are receiving these services;
 - d. therapeutic interventions for children in custody of women in treatment that may, among other things, address their developmental needs and their issues of sexual and physical abuse and neglect; and
 - e. sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs 2.a-d.

In addition to complying with the requirements described above, the Board shall:

- a. treat the family as a unit and, therefore, admit both women and their children into treatment services, if appropriate [Source: 45 CFR § 96.124(e)];
- b. report to the Department when it has insufficient capacity to provide treatment to the woman and make available interim services, including a referral for prenatal care, within 48 hours of the time the woman initially seeks services [Source: 45 CFR § 96.131]; and
- c. publicize the availability and priority of treatment for pregnant women [Source: 45 CFR § 96.131].

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4. **Preference in Admission:** The Board must give preference in admission to pregnant women who seek or are referred for and would benefit from SAPT Block Grant-funded treatment services. The Board must give admission preference to consumers in the following order:

- a. pregnant injecting drug users,
- b. other pregnant substance abusers,
- c. other injecting drug users, and
- d. all other individuals.

[Source: 45 CFR § 96.128]

5. **Services for persons at risk of HIV/AIDS:** Virginia is no longer considered a designated state under these regulations and is no longer required to spend five percent of the federal SAPT Block Grant on HIV Early Intervention Services (EIS). Further, Virginia is prohibited from spending federal funds on HIV EIS. Consequently, neither the Department nor the Board may spend federal SAPT Block Grant funds for these services. However, if the Board has an HIV rate of 10 percent or more and wishes to continue its HIV EIS during the term of this contract, it may use state general or local funds that are available to it for this purpose. If the Board uses state general funds for HIV EIS, those funds will become restricted for that purpose, and the Board must meet the same requirements as the federal criteria for HIV EIS activities. In any event, the Board should determine if consumers are engaging in high risk behaviors for HIV infection and encourage them to contact their local health departments for HIV testing and preventative supplies.

6. **Interim Services:** Federal law requires that the Board, if it receives any Federal Block Grant funds for operating a program of treatment for substance addiction or abuse, either directly or through arrangements with other public or private non-profit organizations, routinely make available services for persons who have sought admission to a substance abuse treatment program yet, due to lack of capacity in the program, have not been admitted to the program. While awaiting admission to the program, these individuals must be provided, at a minimum, with certain interim services, including counseling and education about HIV and tuberculosis (TB). Interim services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of such interim services are to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease.

- a. For pregnant women, interim services also include counseling about the effects of alcohol and drug abuse on the fetus and referral for prenatal care. [Source: 45 CFR § 96.121, Definitions]
- b. At a minimum, interim services must include the following:
 - 1) counseling and education about HIV and tuberculosis (TB),
 - 2) the risks of needle sharing, the risks of transmission to sexual partners and infants, and
 - 3) the steps that can be taken to ensure the HIV and TB transmission does not occur and include referral for HIV or TB treatment services, if necessary.

[Source: 45 CFR §§ 96.121 and 96.126]

7. **Services for Individuals with Intravenous Drug Use:** If the Board offers a program that treats individuals for intravenous drug abuse, it must:

- a. provide notice to the Department within seven days when the program reaches 90 percent of capacity;
- b. admit each individual who requests and is in need of treatment for intravenous drug abuse not later than:
 - 1) 14 days after making the request, or
 - 2) 120 days after making the request if the program

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- has no capacity to admit the person on the date of the request, and
 - within 48 hours of the request makes interim services as defined in 45 CFR § 96.126 available until the individual is admitted to the program;
- c. maintain an active waiting list that includes a unique consumer identifier for each injecting drug abuser seeking treatment, including consumers receiving interim services while awaiting admission;
- d. have a mechanism in place that enables the program to:
- 1) maintain contact with individuals awaiting admission, and
 - 2) admit or transfer individuals on the waiting list at the earliest possible time to an appropriate treatment program within a reasonable geographic area;
- e. take individuals awaiting treatment off the waiting list only when one of the following conditions exists:
- 1) such persons cannot be located for admission, or
 - 2) such persons refuse treatment; and
- f. encourage individuals in need of treatment for intravenous drug use to undergo such treatment, using outreach methods that are scientifically sound and that can reasonably be expected to be effective; such outreach methods include:
- 1) selecting, training, and supervising outreach workers;
 - 2) contacting, communicating, and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of federal and state confidentiality requirements, including 42 CFR Part 2;
 - 3) promoting awareness among injecting drug users about the relationship between injecting drug abuse and communicable diseases, such as HIV;
 - 4) recommending steps that can be taken to ensure that HIV transmission does not occur; and
 - 5) encouraging entry into treatment.

[Sources: 45 CFR §§ 96.121 and 96.126]

8. Tuberculosis (TB) Services:

- a. Federal law requires that the Board, if it receives any Federal Block Grant funds for operating a program of treatment for substance addiction or abuse, either directly or through arrangements with other public or private non-profit organizations, routinely make available the following tuberculosis services to each individual receiving treatment for substance abuse [45 CFR § 96.121 (Definitions)]:
- 1) counseling individuals with respect to tuberculosis,
 - 2) testing to determine whether the individual has been infected with mycobacteria tuberculosis to identify the appropriate form of treatment for the person, and
 - 3) providing for or referring the individuals infected with mycobacteria tuberculosis for appropriate medical evaluation and treatment.
- b. The Board must follow the protocols established by the Department and the Department of Health and distributed by the Department of Health for screening for, detecting, and providing access to treatment for tuberculosis.
- c. All individuals with active TB shall be reported to the appropriate state official (the Virginia Department of Health, Division of TB Control), as required by state law and in accordance with federal and state confidentiality requirements, including 42 CFR Part 2.
- d. The Board shall:
- 1) establish mechanisms to ensure that individuals receive such services, and
 - 2) refer individuals who are denied admission due to lack of service capacity to other providers of TB services.

[Source: 45 CFR § 96.127]

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9. Other Requirements

- a. The Board shall make available continuing education about treatment services and prevention activities to employees in SAPT Block Grant-funded treatment and prevention programs. The Board shall provide support to the greatest extent possible for at least 20 hours annually of prevention-specific training for prevention directors, managers, and staff. If the Board hires a new prevention director or manager, it agrees to support his or her participation in the 12-month prevention director mentorship program as space is available.
- b. The Board shall implement and maintain a system to protect consumer records maintained by SAPT Block Grant-funded services from inappropriate disclosures. This system shall comply with applicable federal and state laws and regulations, including 42 CFR, and provide for employee education about the confidentiality requirements and the fact that disciplinary action may be taken for inappropriate disclosures. [Source: 45 CFR § 96.132]

10. Faith-Based Service Providers: In awarding contracts for substance abuse treatment, prevention, or support services, the Board shall consider bids from faith-based organizations on the same competitive basis as bids from other non-profit organizations. Any contract with a faith-based organization shall stipulate compliance with the provisions of 42 CFR Parts 54 and 54a and 45 CFR Parts 96, 260, and 1050. Funding awarded through such contracts shall not be used for inherently religious activities, such as worship, religious instruction, or proselytizing. Such organizations are exempt from the requirements of Title VII of the Civil Rights Act regarding employment discrimination based on religion. However, such organizations are not exempt from other provisions of Title VII or from other statutory or regulatory prohibitions against employment discrimination based on disability or age. These organizations are subject to the same licensing and human rights regulations as other providers of substance abuse services. The Board shall be responsible for assuring that the faith-based organization complies with the provisions described in these sections. The Board shall provide consumers referred to services provided by a faith-based organization with notice of their right to services from an alternative provider. The Board shall notify the Office of Substance Abuse Services in the Department each time such a referral is required.

11. Prevention Services Addressing Youth Tobacco Use and Underage Drinking: The Board shall select and implement evidence-based programs and practices that target youth tobacco use and underage drinking, based on rates of youth tobacco and alcohol use and age of first use that exceed or fall below state rates in the Board's service area. The Board shall integrate underage drinking, youth access, and smoking prevention strategies and education into prevention services as appropriate and report this integration through the KIT Prevention System.

[Sources: 42 USC 300x-26 and 45 CFR § 96.130]

12. Evidence-Based Programs: The Board shall ensure that a minimum of 50 percent of all prevention programs and strategies entered in the KIT Prevention System and supported wholly or in part by the SAPT Block Grant prevention set-aside are evidence-based or are included in a federal list or registry of evidence-based interventions. If the Board's rate exceeds 50 percent in FY 2007, it shall maintain or increase its FY 2007 percentage of evidence-based programs in FY 2008. The Board shall increase the minimum percentage of evidence-based programs to 75 percent by FY 2010. The Board shall replicate any evidence-based program as directed by that program's guidelines or as adapted in collaboration with that program's developer.

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Appendix D: Regional Program Procedures

I.—Purpose

~~The Board may collaborate and act in concert with other Boards or with other Boards and state hospitals or training centers, hereinafter referred to as state facilities, to operate regional programs, provide or purchase services on a regional basis, conduct regional utilization management, or engage in regional quality improvement efforts. Regional programs include Regional Discharge Assistance Projects (RDAP), Local Inpatient Purchases of Services (LIPOS), and Regional Restructuring or System Transformation Programs, such as Residential or Ambulatory Crisis Stabilization Programs. These procedures apply to all of those regional programs. In previous contract years, Boards and state facilities entered into memoranda of agreement (MOAs) to structure, implement, monitor, and report on regional programs, such as RDAP or LIPOS. This appendix replaces those MOAs, although Boards, state facilities, private providers participating in the regional partnership, and other parties may still need to develop MOAs to implement specific policies or procedures to operate regional or sub-regional programs or activities. Also, MOAs must be developed if a regional program intends to implement a peer review committee (e.g., a Regional Utilization Review and Consultation Team) established under § 8.01-581.16 whose records and reviews would be privileged under § 8.01-581.16 of the Code of Virginia. When the Board receives state or federal funds from the Department for identified regional programs or activities, it shall adhere to the applicable parts of these procedures, which are subject to all of the applicable provisions of this performance contract. In the event of a conflict between any regional program procedures and any other provisions of this contract, the other provisions of this performance contract shall apply.~~

II.—Regional Management Group

- ~~A. The participating Boards and state facilities shall establish a Regional Management Group. The Executive Director of each participating Board and the Director of each participating state facility shall each serve on or appoint one member of the Regional Management Group. This group shall manage the regional program and coordinate the use of funding provided for the regional program, review the provision of services offered through it, coordinate and monitor the effective utilization of the services and resources provided through the regional program, and perform other duties that they mutually agree to carry out. A Regional Management Group may deal with more than one regional program.~~
- ~~B. Although not members of the Regional Management Group, designated staff in the Central Office of the Department shall have access to all documents maintained or used by this group, pursuant to the provisions of sections 6.d.2.) and 7.e.2) of the performance contract, and may attend and participate in all meetings or other activities of this group.~~
- ~~C. In order to carry out its duties, the Regional Management Group may authorize the employment of one or more regional managers to be paid from funds provided for this regional program and to be employed by a participating Board. The Regional Management Group shall specify the job duties and responsibilities for and supervise the regional manager or managers.~~

III.—Regional Utilization Review and Consultation Team

- ~~A. The Regional Management Group shall establish a Regional Utilization Review and Consultation Team pursuant to § 8.01-581.16 of the Code of Virginia to, where applicable:
 - ~~1. review the implementation of the individualized services plans (ISPs) developed through the regional program to ensure that the services are the most appropriate, effective, and efficient services that meet the clinical needs of the consumer and report the results of these reviews to the Regional Management Group;~~~~

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- ~~2. review the consumers who have been on the state facility Extraordinary Barriers to Discharge List for more than 30 days to identify or develop community services and funding appropriate to their clinical needs and report the results of these reviews and subsequent related actions to the Regional Management Group;~~
 - ~~3. review, at the request of the case management Board, other consumers who have been determined by state facility treatment teams to be clinically ready for discharge and identify community services and resources that may be available to meet their needs;~~
 - ~~4. facilitate, at the request of the case management Board, resolution of individual situations that are preventing a consumer's timely discharge from a state facility or a private provider participating in the regional partnership or a consumer's continued tenure in the community;~~
 - ~~5. identify opportunities for two or more Boards to work together to develop programs or placements that would permit consumers to be discharged from state facilities or private providers participating in the regional partnership more expeditiously;~~
 - ~~6. promote the most efficient use of scarce and costly services; and~~
 - ~~7. carry out other duties or perform other functions assigned by the Regional Management Group.~~
- ~~B. The Regional Utilization Review and Consultation Team shall consist of representatives from participating Boards in the region, participating state facilities, private providers participating in the regional partnership, and others as may be appointed by the Regional Management Group, such as the Regional Manager(s) referenced in section II.C. The positions of the representatives who serve on this team shall be identified in local documentation.~~
- ~~C. The Regional Utilization Review and Consultation Team shall meet monthly or more frequently when necessary, for example, depending upon census issues or the number of cases to be reviewed. Minutes shall be recorded at each meeting. Only members of the team and other individuals who are identified by the team as essential to the review of a consumer's case, including the consumer's treatment team and staff directly involved in the provision of services to the consumer, may attend meetings. All proceedings, minutes, records, and reports and any information discussed at these meetings shall be maintained confidential and privileged, as provided in § 8.01-581.17 of the Code of Virginia.~~
- ~~D. For the regional program, the Regional Utilization and Consultation Team or another group designated by the Regional Management Group shall maintain current information to identify and track consumers served and services provided through the regional program. This information may be maintained in participating Board information systems or in a regional data base. For example, for the RDAP, this information shall include the consumer's name, social security number or other unique identifier, other unique statewide identifier, legal status, case management Board, state hospital of origin, discharge date, state re-hospitalization date (if applicable), and the cost of the individualized services plan (ISP). This team shall maintain automated or paper copies of records for each RDAP-funded ISP. Changes in responsibilities of the case management Board, defined in the Core Services Taxonomy, and the transfer of RDAP funds shall be reported to the Offices of Grants Management and Mental Health Services in the Department as soon as these changes or transfers are known or at least monthly.~~
- ~~E. For RDAP, the Regional Utilization and Consultation Team shall conduct utilization reviews of ISPs as frequently as needed to ensure continued appropriateness of services and compliance with approved ISPs and reviews of quarterly utilization and financial reports and consumer related events such as re-hospitalization, as appropriate. This utilization review process may result in revisions of ISPs or adjustment to or redistribution of RDAP~~

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~~funds. This provision does not supersede utilization review and audit processes conducted by the Department pursuant to section 7.e.2.) of the performance contract.~~

- ~~F. Although not members of the Regional Utilization and Consultation Team, designated staff in the Central Office of the Department shall have access to all documents, including ISPs, maintained or used by this body, pursuant to the provisions of sections 6.d.2.) and 7.e.2) of the performance contract, and may attend and participate in all meetings as non-voting members and in other activities of this team.~~

~~**IV. Operating Procedures for Regional Programs:** These operating procedures establish the parameters for allocating resources for and monitoring continuity of services provided for consumers receiving regional program services. Some of the procedures apply to regional programs generally; others apply to particular regional programs, although they may be able to be adapted to other regional programs.~~

- ~~A. Funding for a regional program shall be provided and distributed by the Department to participating Boards or to a Board on behalf of the region through their community services performance contracts in accordance with the conditions specified therein.~~
- ~~B. Each participating Board or a Board on behalf of the region shall receive semi-monthly payments of state general funds from the Department for the regional program through its community services performance contract, as long as it satisfies the requirements of this Appendix and the performance contract, based upon its total base allocation of previously allotted and approved regional program funds.~~
- ~~C. Participating Boards and state facilities shall develop agreed-upon procedures that describe how they will implement a regional program and jointly manage the use of regional program funds on a regional basis. These procedures shall be reduced to writing and provided to the Department upon request.~~
- ~~D. Regional program funds may be used to support activities of the Regional Management Group and Regional Utilization and Consultation Review Team.~~
- ~~E. Within the allocation of funds for the regional program, funds may be expended for any combinations of services and supports that assure that the needs of consumers are met in community settings. ISPs must be updated and submitted, as revisions occur or substitute plans are required, to the Regional Management Group for approval according to procedures approved by the Regional Management Group.~~
- ~~F. Regional program funds used to support ISPs shall be identified on a fiscal year basis. Amounts may be adjusted by the Regional Management Group to reflect the actual costs of care, based on the regional program's experience or as deemed appropriate through a regional management and utilization review process.~~
- ~~G. The Board responsible for implementing a consumer's regional program ISP shall account for and report the revenues and expenses associated with the funded regional program ISP in its initial community services performance contract and final contract revision and in its mid-year and end-of the fiscal year performance contract reports, submitted through the Community Automated Reporting System (CARS).~~
- ~~H. The Board responsible for implementing a consumer's regional program ISP shall ensure that the appropriate information about that consumer and his or her services is entered into its management information system, so that the information can be extracted by the Community Consumer Submission (CCS) and reported in the CCS and applicable CARS reports to the Department.~~
- ~~I. The participating Boards may use regional program funds to establish and provide regional or sub-regional services when this is possible and would result in increased cost effectiveness and clinical effectiveness.~~

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- ~~J. Any medications supplied through the Department's Community Resource Pharmacy shall continue and not be funded as part of an ISP supported through a regional program. Other medications that are not available through the Community Resource Pharmacy may be purchased with regional program funds and accounted for accordingly.~~
- ~~K. RDAP resources shall be used to discharge and support in community settings, through the regional utilization management of existing or new funds, consumers in state facilities who are on the Extraordinary Barriers to Discharge List, followed by consumers who have been clinically ready for discharge for more than 30 days, followed by consumers who have been ready for discharge for less than 30 days and for whom additional community supports are required. Each consumer discharged from a state facility and placed in the community shall have an identified Board that has agreed to act as the case management Board for and provide services to that consumer. The staff of the case management Board, in conjunction with the consumer, his authorized representative if one has been appointed or designated, and the state facility treatment team, shall determine individualized placements in the community in accordance with the Continuity of Care Procedures, Procedures for Continuity of Care Between Community Services Boards and State Psychiatric Facilities, the current performance contract, and the Discharge Protocols for Community Services Boards and State Mental Health Facilities.~~
- ~~L. For the RDAP, any one-time balances of unexpended regional program funds realized by each participating Board due to delays in discharge dates, re-hospitalization or incarceration of the consumer, reductions in ISP allocations, or other balances including year-end balances of each participating Board or the region's base allocation may be expended for the following purposes when they are consistent with the legislative intent of paragraphs T, U, V, and W of item 316 in the 2008 Appropriation Act with the prior approval of the Regional Management Group:~~
- ~~1. To be used first by the originating Board or by the region on a one-time basis to promote the discharge of non-RDAP or DAP consumers from state facilities or consumers in private psychiatric hospitals or units participating in the regional partnership who have been difficult to discharge or for one-time needs of previously approved DAP consumers;~~
 - ~~2. To be used to reimburse the case management Board's expenses for one-time transitional costs for not guilty by reason of insanity (NGRI) consumers as part of the conditional release process or other consumers in state facilities with documented clinical needs for transitional services; or~~
 - ~~3. To be used regionally for developing infrastructure to serve consumers in state facilities or prevent the admission of consumers, who otherwise meet the admission criteria in the Continuity of Care Procedures in Appendix A, to state facilities through one-time activities, such as the development of housing, crisis stabilization, or other regional community placement endeavors or supports.~~
- ~~M. Unless the Regional Management Group has approved an exception, if the case management Board is not able to complete the initial or re-hospitalized discharge of the identified consumer whose discharge is supported under a RDAP within 30 days of the projected date of discharge, one of the following actions shall be taken within 30 days following the projected date of discharge:~~
- ~~1. That Board shall identify and discharge another consumer within 30 days for whom it is the case management Board and who is on the Extraordinary Barriers List or who has been determined to be clinically ready for discharge; or~~
 - ~~2. If the preceding action is not taken within the specified time frame, the allocated funds will revert to the Regional Management Body for discharging a consumer from another~~

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~~Board with the longest tenure on the Extraordinary Barriers List and for whom RDAP funding is appropriate for addressing the barriers to that consumer's discharge.~~

~~N. For the RDAP, if incarceration in a correctional facility or re-hospitalization in a state hospital will exceed 30 days, the case management Board shall obtain approval from the Regional Management Group to:~~

- ~~1. Return funds, less year to date expenditures, to the Regional Management Group for redistribution;~~
- ~~2. Develop discharge plans and appropriate services for another consumer meeting the criteria specified in the preceding section for regional review;~~
- ~~3. Based on a written request to the Regional Management Group, have payments stopped and billing and reimbursement resume upon the consumer's discharge, if that date is within 90 days of the date of re-hospitalization; or~~
- ~~4. Based on a written request to the Regional Management Group stating that the re-hospitalization will exceed 30 days, but on-going funds will be needed to maintain the consumer's residence for a period not to exceed 90 days, have the necessary funds provided. After the Regional Management Group's review and approval, funds shall be authorized and provided during that period only in the amount required to maintain the consumer's place of residence. Funds shall not be approved for Board-provided direct care services as specified in the consumer's ISP. Any resulting balances shall be allocated in accordance with these operating procedures. The cost of supporting a substitute consumer shall not exceed the original amount requested in the originally approved ISP. Should the cost of services be less than originally requested, unexpended funds will be available to the Regional Management Body for redistribution within the region in accordance with these procedures.~~

~~O. For the RDAP, in the event that a consumer identified as a participant in the RDAP elects to relocate to another Board within the region, project funds shall be redistributed to the new Board to support that consumer's ISP. These funds shall be redistributed as a project fund transfer at the approved funding level for the relocating consumer. The affected Boards shall notify the Regional Management Group and the Department of any changes in case management Board designation for a consumer as soon as they are known or at least monthly.~~

~~P. For the RDAP, certain consumers who are placed outside of the service area of their case management Board may have specific approved conditions associated with their ISPs, Board to Board agreements, or regional considerations or conditions under the Discharge Protocols that do not meet the conditions of the preceding paragraph. For those consumers, the out of service area placement shall remain the responsibility of the case management Board (Board of origin). If re-hospitalization is required, that consumer shall return to state hospital of origin.~~

~~Q. For the RDAP, if a consumer elects to relocate to a Board outside of the region, project funds shall be redistributed to the new Board to support the consumer's ISP as a project fund transfer at the approved funding level for the relocating consumer. Subsequently, if that RDAP placement ends, for example through the discharge or death of the consumer, the redistributed funds shall be transferred back to the original region.~~

~~V. General Terms and Conditions~~

~~A. The Board, the Department, and any other parties participating in the regional program agree that they shall comply with all applicable provisions of state and federal law and regulations in implementing any regional programs to which these procedures apply. The Board and the Department shall comply with or fulfill all provisions or requirements, duties,~~

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~~roles, or responsibilities in the current community services performance contract in their implementation of any regional programs pursuant to these procedures.~~

- ~~B. Nothing in these procedures shall be construed as authority for the Board, the Department, or any other participating parties to make commitments that will bind them beyond the scope of these procedures.~~
- ~~C. Any alteration, amendment, or modification in these procedures shall be made in accordance with the provisions in the performance contract for amendment or revision.~~
- ~~D. Nothing in these procedures is intended to, nor does it create, any claim or right on behalf of any individual to any services or benefits from the Board or the Department.~~

VI. ~~Privacy of Personal Information~~

- ~~A. The Board, the Department, and any other parties participating in a regional program agree to maintain all protected health information (PHI) learned about consumers confidential and agree to disclose that information only in accordance with applicable state and federal law and regulations, including the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Virginia Health Records Privacy Act, the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services*, and each party's own Privacy Policies and Practices. The organization operating the regional program shall provide a notice to consumers participating in or receiving services from the regional program that it may share protected information about them and the services they receive, as authorized by HIPAA and other applicable federal and state statutes and regulations. The organization shall seek the consumer's authorization to share this information whenever possible.~~
- ~~B. Even though each party participating in a regional program may not provide services directly to each of the consumers served through the regional program, the parties may disclose the PHI of consumers to one another under 45 C.F.R. § 164.512(k)(6)(ii) in order to perform their responsibilities related to this regional program, including coordination of the services and functions provided under the regional program and improving the administration and management of the services provided to the consumers served in it.~~
- ~~C. In carrying out their responsibilities in the regional program, the Board, the Department, and any other parties involved in this regional program may use and disclose PHI to one another to perform the functions, activities, or services of the regional program on behalf of one another, including utilization review, financial and service management and coordination, and clinical case consultation. In so doing, the parties agree to:~~
 - ~~1. Not use or further disclose PHI other than as permitted or required by the performance contract or these procedures or as required by law;~~
 - ~~2. Use appropriate safeguards to prevent use or disclosure of PHI other than as permitted by the performance contract or these procedures;~~
 - ~~3. Report to the other parties any use or disclosure of PHI not provided for by the performance contract or these procedures of which they become aware;~~
 - ~~4. Impose the same requirements and restrictions contained in this performance contract or these procedures on their subcontractors and agents to whom they provide PHI received from or created or received by the other parties to perform any services, activities, or functions on behalf of the other parties;~~
 - ~~5. Provide access to PHI contained in a designated record set to the other parties, in the time and manner designated by the other parties, or, at the request of the other parties, to an individual in order to meet the requirements of 45 CFR 164.524;~~

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- ~~6. Make available PHI in its records to the other parties for amendment and incorporate any amendments to PHI in its records at the request of the other parties;~~
 - ~~7. Document and provide to the other parties information relating to disclosures of PHI as required for the other parties to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528;~~
 - ~~8. Make their internal practices, books, and records relating to use and disclosure of PHI received from or created or received by the other parties on behalf of the other parties, available to the Secretary of the U.S. Department of Health and Human Services for the purposes of determining compliance with 45 CFR Parts 160 and 164, subparts A and E;~~
 - ~~9. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI that they create, receive, maintain, or transmit on behalf of the other parties as required by the HIPAA Security Rule, 45 C.F.R. Parts 160, 162, and 164;~~
 - ~~10. Ensure that any agent, including a subcontractor, to whom they provide electronic PHI agrees to implement reasonable and appropriate safeguards to protect it;~~
 - ~~11. Report to the other parties any security incident of which they become aware; and~~
 - ~~12. At termination of the regional program, if feasible, return or destroy all PHI received from or created or received by the parties on behalf of the other parties that the parties still maintain in any form and retain no copies of such information or, if such return or destruction is not feasible, extend the protections in this Appendix to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.~~
- ~~D. Each of the parties may use and disclose PHI received from the other parties, if necessary, to carry out its legal responsibilities and for the proper management and administration of its business. Each of the parties may disclose PHI for such purposes if the disclosure is required by law, or if the party obtains reasonable assurances from the person to whom the PHI is disclosed that it will be held confidentially, that it will be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and that the person will notify the party of any instances of which it is aware in which the confidentiality of the information has been breached.~~

~~**VII. Reporting:** The Board shall provide all required information (e.g., the number of consumers served, the total expenditures for the regional program, and the total amount of regional program restricted revenues expended) to the Department about the regional programs in which it participates, principally through CCS and CARS reports. Boards shall not be required to submit more frequent standard reports or reports on individual consumers, unless such requirements have been established in accordance with sections 6.c.3.) and 7.d.1.) and 4.) of the performance contract. The Board also shall identify all regional program consumers that it serves in its CCS extract submissions using the applicable Consumer Designation Codes.~~

~~**VIII. Project Management**~~

- ~~A. The Department shall be responsible for the allocation of regional program state general and federal funds and the overall management of the regional program at the state level.~~
- ~~B. The Regional Management Group shall be responsible for overall management of the regional program and coordination of the use of funding provided for the regional program in accordance with these procedures.~~
- ~~C. The Board shall be responsible for managing regional program funds it receives in accordance with these regional program procedures.~~

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- ~~D. Revenues generated from third party and other sources for any regional program shall be used by the region or Board to offset the costs of the regional program. The Board shall collect and utilize all available revenues from other appropriate consumer specific sources before using state general and federal funds to ensure the most effective use of these state general and federal funds. These other sources include Medicare; Medicaid fee for service, Targeted Case Management fees, Rehabilitation (State Plan Option) fees, and MR Waiver payments; other third party payors; auxiliary grants; SSI, SSDI, and direct payments by consumers; payments or contributions of other resources from other agencies, such as social services or health departments; and other state, local, or Department funding sources.~~
- ~~E. The Department may conduct on-going utilization review and analyze utilization and financial information and consumer related events, such as re-hospitalization, to ensure the continued appropriateness of services and to monitor the outcomes of the regional program. The utilization review process may result in adjustment to or reallocation of state general and federal funding allocations for the regional program.~~
- ~~IX. **Compensation and Payment:** The Department shall disburse semi-monthly payments of state general and federal funds to the Board for the regional program as part of its regular semi-monthly disbursements to the Board.~~